


# APPLICATION FOR BUSINESS / MERCANTILE PRIVILEGE LICENSE

## NEW LICENSE APPLICATIONS ONLY

**PAYABLE TO:** City of Altoona  
**MAIL TO:** City of Altoona  
 Department of Codes and Inspections  
 1301 12<sup>th</sup> Street, Suite 103  
 Altoona, PA 16601  
 Phone 814-949-2456  
 Email : [inspections@altoonapa.gov](mailto:inspections@altoonapa.gov)

	ALTOONA CITY BLAIR COUNTY
<ul style="list-style-type: none"> <li>UNIFIED REGISTRATION FOR BUSINESS, MERCANTILE, PAWN BROKER, JUNK / SECOND HAND DEALERS, TRASH HAULERS.</li> <li>THIS LICENSE IS IN ADDITION TO ANY REQUIRED CONTRACTOR'S, HOME HEALTH CARE, RESIDENTIAL RENTAL UNIT, OR OTHER SIMILAR LICENSES.</li> </ul>	FEE \$100.00  FOR THE CALENDAR YEAR <b>2021</b>

NEW BUSINESS     
  CHANGE OF OWNERSHIP     
  CHANGE OF BUSINESS NAME AND/OR ADDRESS

NAME OF BUSINESS: _____	EIN NUMBER: _____
PHYSICAL ADDRESS OF BUSINESS (NO PO BOXES): _____	
BUSINESS E-MAIL ADDRESS: _____	BUSINESS WEBSITE: _____

NAME OF OWNER OR RESPONSIBLE PARTY OF THIS BUSINESS: _____	CONTACT PHONE NUMBER: _____
PHYSICAL ADDRESS OF OWNER OR RESPONSIBLE PARTY OF THIS BUSINESS: _____	
PLEASE DESCRIBE THE BUSINESS AND THE EQUIPMENT THAT WILL BE IN USE: _____ _____	

NAME OF PROPERTY OWNER (If different from business owner): _____	CONTACT PHONE NUMBER: _____
ADDRESS OF PROPERTY OWNER: _____	
SIGNATURE OF PROPERTY OWNER: _____	DATE: _____

LIST ALL LICENSES AND CERTIFICATES REQUIRED AND OBTAINED FOR THIS BUSINESS WITH FEDERAL, STATE AND OTHER LOCAL GOVTS: _____
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**CERTIFICATION:** I certify that I have read the foregoing application form and that the statements made and/or answers set forth are true, correct and complete. I understand that false statements/answers made herein are subject to the penalties of 18 Pa.C.S.A4904, relating to unsworn falsification to authorities.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Name: \_\_\_\_\_ Date: \_\_\_\_\_

CITY OF ALTOONA OFFICE USE ONLY			
<b>LICENSING OFFICER:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> PRE-EXISTING LEGAL NONCONFORMITY  Zoning District: _____ Comments: _____  Signature _____ Date _____	<b>LAND DEVELOPMENT:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT REQUIRED  TAX MAP NUMBER: _____ TAX_ID: _____ RANGED CITY OF ALTOONA STREET ADDRESS: _____  Signature _____ Date _____	<b>CODES AND INSPECTIONS:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED  Comments: _____  Signature _____ Date _____	<b>FIRE INSPECTOR:</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED  Comments: _____  Signature _____ Date _____



Dear Taxpayer.

As a business operating in a jurisdiction that imposes a Business Privilege and/or Mercantile Tax on Gross receipts , you are required under local tax law to complete and return the questionnaire below within ten (10) days. Upon return, your business will be issued an account number and the appropriate forms to be filed to report for this jurisdiction.

Name of Business: \_\_\_\_\_

Federal ID or Social Security Number: \_\_\_\_\_

Business Address or if a Rental, property address: \_\_\_\_\_

Taxing Jurisdiction (Township/Borough and/or School District) registering for: \_\_\_\_\_

Address to which forms should be sent: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Name of Owners: \_\_\_\_\_

Date Business is to begin: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail : \_\_\_\_\_

Type of Business (Retail, Wholesale, Service, Rental): \_\_\_\_\_

(If your business is construction, you are responsible for gross receipts on the full job. You must also report the names, addresses and amounts paid to all sub-contractors for work performed in this jurisdiction as well). (Please - attach additional sheets as needed)

If your business currently files for the Business Privilege/Mercantile Tax with Berkheimer, please indicate your account number (s): \_\_\_\_\_

Please return this form to: **City of Altoona, 1301 12<sup>th</sup> Street, Suite 103, Altoona PA 16601**

If you have questions on this form and/or the tax please feel free to contact us at: 610-599-3140 or at [BPT@hab-inc.com](mailto:BPT@hab-inc.com).

Sincerely,  
BERKHEIMER  
Business Privilege/Mercantile Tax Administrator

*You are entitled to receive a written explanation of your rights with regards to audit, appeal, enforcement, refund and collection o local taxes by calling Berkheimer at 610-599-3140, during the hours of 9:00 am to 4:00 pm, Monday through Friday. If Berkheimer is not the appointed tax hearing officer for your taxing district, you must contact your taxing district about proper procedures and forms necessary to file an appeal.*