

APPLICATION FOR BUSINESS / MERCANTILE PRIVILEGE LICENSE

	ALTOONA CITY BLAIR COUNTY
<ul style="list-style-type: none"> UNIFIED REGISTRATION FOR BUSINESS, MERCANTILE, PAWN BROKER, JUNK / SECOND HAND DEALERS, TRASH HAULERS. THIS LICENSE IS IN ADDITION TO ANY REQUIRED CONTRACTOR'S, HOME HEALTH CARE, RESIDENTIAL RENTAL UNIT, OR OTHER SIMILAR LICENSES. 	FEE \$100.00 FOR THE CALENDAR YEAR 2020

New Licenses

Payable To: City of Altoona
Mail To: City of Altoona
 1301 12th Street Suite 400
 Altoona PA 16601
Phone Number: (814) 949-2470

- 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: _____ _____ _____ _____	

PLEASE LIST ALL LICENSES REQUIRED AND OBTAINED FOR THIS BUSINESS WITH THE FEDERAL, STATE AND OTHER LOCAL GOVERNMENTS (PLEASE PROVIDE A COPY): _____ _____ _____ _____
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NAME OF PROPERTY OWNER (If different from business owner): _____	CONTACT PHONE NUMBER: _____
ADDRESS OF PROPERTY OWNER: _____	
SIGNATURE OF PROPERTY OWNER: _____	
CURRENT USE OF PROPERTY AND BUILDINGS: _____ _____	

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.

Owner or responsible party for business

Signature _____ Date _____
 Name (type or print) _____ Title _____

CITY OF ALTOONA OFFICE USE ONLY			
ZONING OFFICER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> PRE-EXISTING LEGAL NONCONFORMITY Zoning District: _____ Comments: _____ _____ LICENSING OFFICER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____ Signature _____ Date _____	LAND DEVELOPMENT: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT REQUIRED TAX MAP NUMBER: _____ TAX_ID: _____ RANGED CITY OF ALTOONA STREET ADDRESS: _____ _____ Signature _____ Date _____	CODES AND INSPECTIONS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Comments: _____ _____ _____ Signature _____ Date _____	FIRE INSPECTOR: <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 12th Street, Suite 400, 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.

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.