

UNIFIED REGISTRATION FORM FOR BUSINESS PRIVILEGE, MERCANTILE, TRANSIENT, PAWN BROKER AND JUNK/SECOND HAND DEALERS LICENSES			ALTOONA CITY BLAIR COUNTY 07105
ORDINANCE NAME	NUMBER	DATE	FEE \$50.00 FOR THE YEAR 2010
Original Business Privilege	# 4364	12/31/1974	
Amended Business Privilege	# 5398	03/27/1996	
Mercantile	# 5409	05/22/1996	
Transient	# 3010	04/16/1935	
Pawn Broker Junk Dealers and Second Hand Dealers	# 5494	02/13/2002	
PLEASE SEE REVERSE SIDE OF FORM FOR EXPLANATIONS ABOUT SECTIONS 1 THRU 5			

SECTION 1

License Renewals

New Licenses

Payable To: Central Tax Bureau of PA, Inc.
Mail To: Central Tax Bureau of PA, Inc.
 Gables Building, 2nd Floor
 1331 12th Avenue
 Altoona PA 16601
Phone Number: (814) 942-1454 1-877-300-4269

Payable To: City of Altoona
Mail To: City of Altoona
 1301 12th Street Suite 104
 Altoona PA 16601
Phone Number: (814) 949-2456 TDD - 711

SECTION 2

NAME OF BUSINESS: _____

NEW BUSINESS CHANGE OF NAME AND/OR ADDRESS HOME BASED BUSINESS RENEWAL _____ NAICS CODE

SECTION 3

A) CITY OF ALTOONA <u>STREET ADDRESS</u> OF BUSINESS: _____
B) NAME AND MAILING ADDRESS OF OWNER OR PERSON <u>FISCALLY RESPONSIBLE</u> FOR THIS BUSINESS: _____
C) NAME AND MAILING ADDRESS OF THE <u>OWNER OF THE PROPERTY</u> OF THIS BUSINESS: _____

SECTION 4

CERTIFICATION

I hereby certify under the penalties of law that all statements made hereon are to the best of my knowledge and belief true, correct and complete.

Owner or person fiscally responsible for business

Signature _____ Date _____

Name (type or print) _____ Title _____

Property owner where the business is located

Signature _____ Date _____

Name (type or print) _____ Title _____

SECTION 5

If a License Renewal is received by CENTAX with a CHANGED Street Address of Proposed Business then the License Renewal should be first forwarded to The City of Altoona for approval.

CITY OF ALTOONA OFFICE USE ONLY		CENTAX OFFICE USE ONLY
ZONING OFFICER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	LAND DEVELOPMENT: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT REQUIRED	Received by: _____
Comments: _____	TAX MAP NUMBER: _____	Amount Paid: _____
LICENSING OFFICER: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	TAX ID: _____	License No. Issued: _____
Signature of Licensing Officer _____	RANGED CITY OF ALTOONA STREET ADDRESS: _____	Type Code: _____ Acct. No. _____
Date _____		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER
		License Fee: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Rental

PLEASE TYPE OR PRINT LEGIBLY. AN UNREADABLE APPLICATION WILL BE REJECTED!

Section 1: For license renewals, please complete the form on the reverse side.

Make the check payable to: **Central Tax Bureau of PA, Inc.**

Mail to: **Central Tax Bureau of PA, Inc.
Gables Building, 2nd Floor
1331 12th Ave, Altoona PA 16601**

Phone Number: (814) 942-1454 1-877-300-2469

Make the check payable to: **City of Altoona**

Mail to: **City of Altoona
1301 12th Street, Suite 104
Altoona PA 16601**

Phone Number: (814) 949-2456 TDD - 711

Section 2: Please check one of the four boxes, and then choose the **NAICS** code (**North American Industrial Classification System**) from the list below that most closely represents your business activity. If you need assistance in making these selections, please consult with City Planning staff.

TWO DIGIT NAICS CODES

Agriculture, Forestry, Fishing and Hunting	11	Real Estate and Rental and Leasing	53
Mining, Quarrying, and Oil and Gas Extraction	21	Professional, Scientific, and Technical Services	54
Utilities	22	Management of Companies and Enterprises	55
Construction	23	Administrative and Support and Waste Management and Remediation Services Travel Arrangement and Reservation Services Investigation and Security Services	56
Manufacturing Food Manufacturing Wood Product Manufacturing	31-33	Educational Services	61
Wholesale Trade	42	Health Care and Social Assistance Child Day Care Services	62
Retail Trade Sporting Goods, Hobby, Book, and Music Stores	44-45	Arts, Entertainment, and Recreation	71
Transportation and Warehousing Postal Service	48-49	Accommodation and Food Services	72
Information Publishing Industries (except Internet) Broadcasting (except Internet) Cable and Other Subscription Programming Data Processing, Hosting, and Related Services	51	Other Services (except Public Administration) Repair, maintenance, laundry, funeral services, pet care, photography, religious organizations, and social/advocacy groups	81
Finance and Insurance	52	Public Administration	92

Section 3: **BOX A**, please provide the full mailing address of the location in the City of Altoona at which the business itself will be located. **BOX B**; please provide the name and full mailing address of the owner or person fiscally responsible for the business being licensed. **BOX C**; please provide the name and full mailing address of the owner of the lot or parcel upon which the business is to be located. *This may be the same as in the second line.*

Section 4: Please sign and the date the form. Also, please legibly type or print your name and title.

Section 5: This section will be completed by City staff.