

CITY OF HARRISBURG AND HARRISBURG SCHOOL DISTRICT
EXPLANATION OF THE
GENERAL LICENSE APPLICATION

Attached you will find an application for a General License for your completion.

The license is issued on a calendar year basis, and subject to the rules and regulations as outlined on the permission form. Failure to comply will result in your license being revoked, additionally, this license may be suspended or revoked at any time by the Mayor or designee if it is determined that the holder of the license secured the same by misrepresentation; failed to maintain qualifications required by federal, state or local laws; engaged in fraudulent behavior or misleading advertising; consented to or allowed any behavior which would constitute a crime under federal, state or local laws, including but not limited to drug trafficking or drug possession; committed an act of gross negligence, or allowed any manner or form of public nuisance.

Your license will take approximately 7 to 10 working days to process.

If you have any questions concerning the General License, please contact the Tax and Enforcement Office at 255-6513, between the hours of 8:00 am to 5:00 pm, Monday through Friday.

**CITY OF HARRISBURG
APPLICATION FOR A GENERAL LICENSE**

MAIL TO: TAX AND ENFORCEMENT OFFICE
10 N. 2ND STREET, SUITE 305-A
HARRISBURG, PA 17101

**CHECK OR MONEY ORDER ONLY
PAYABLE TO "CITY TREASURER"**

APPLICATION IS HEREBY MADE FOR GENERAL BUSINESS LICENSE AS DEFINED UNDER PART THREE OF THE CODIFIED ORDINANCES, CITY OF HARRISBURG, AS AMENDED BY CITY COUNCIL OF THE CITY OF HARRISBURG PROVIDING SAME:

- TRANSIENT MERCHANT: \$200.00
- VENDORS/Special Events: \$50.00
- DISTRIBUTOR OF ADVERTISING MATTER: \$50.00
- MOBILE FOOD VENDOR \$500.00
- OTHER _____ \$100.00

APPLICATION FOR LICENSE YEAR 20_____

1. Business name and address. If conducted under a corporate or fictitious name, list name **(PLEASE PRINT LEGIBLY)**:

BUSINESS NAME

BUSINESS ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS, IF DIFFERENT THAN ABOVE

BUSINESS TELEPHONE NUMBER

IRS I.D. NUMBER
A copy of your Federal or State EIN letter must be provided.

2. Check whether business is: Incorporated Partnership Individual Agent LLC

3. Give the name(s) of the true owners of the said business, their legal residence **(excluding PO BOX)**, social security number, date of birth, and telephone number:

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
SOCIAL SECURITY #	SOCIAL SECURITY #	SOCIAL SECURITY #
DATE OF BIRTH	DATE OF BIRTH	DATE OF BIRTH
TELEPHONE #	TELEPHONE #	TELEPHONE #

4. Describe fully the nature of the business:

FURTHER INFORMATION APPEARING ON REVERSE SIDE MUST BE COMPLETED!!!

5. Names of all individuals who will be conducting said business for your organization:

6. Where the said business will be conducted (i.e., place and/or event):

7. Failure to provide the above necessary information required for proper enforcement of the General Business License Ordinance shall cause rejection of this application and shall require a new application and filing fee.

I VERIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS MADE HEREIN ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. #4904 - RELATING TO UNSWORN FALSIFICATION OF AUTHORITIES.

I have read and understand the Rules & Regulations provided to me, and further understand my responsibility to abide by them.

**THIS DOES NOT PERMIT VENDORS TO SELL ON PRIVATE PROPERTY WITHOUT FIRST RECEIVING
CONSENT OF PROPERTY OWNER**

AUTHORIZED SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE *OFFICIAL USE ONLY*** DO NOT WRITE BELOW THIS LINE**

ZONING ADMINISTRATOR

DATE

HEALTH DEPARTMENT

DATE

TAX AND ENFORCEMENT ADMINISTRATOR

DATE

LICENSE NUMBER: _____

Dear Special Event Food Service Provider:

Welcome to the City of Harrisburg! The City takes the health and welfare of our residents and visitors very seriously. The issuance of a Health License insures the safety and quality of the food served and the individuals providing the services. Providing food service, for profit or non-profit, in the City of Harrisburg is illegal without appropriate licenses. Failure to secure and display these licenses can result in fines of up to \$1000 per day and/or 30 days in jail. **This license applies to those doing special events, such as Kipona and July 4th, as well as, events in our City Parks.** All licenses are specific to one stand and one owner, and are limited to one trailer or under one roof. You are required to have a license for each stand whether side-by-side or separate. In addition to the guidelines on your specific application, please note the following in regards to your Health License:

- **Effective July 1, 2004, all for-profit food service providers are required to have one supervisory staff person in compliance with the Pennsylvania Food Employee Certification Act;**
- A double application fee applies to anyone not submitting the application at least 10 working days before the event;
- All vendors are required to carry the \$50.00 General License from the Tax & Enforcement Office; contact the Tax & Enforcement Office at (717) 255-6513 if this application has not been enclosed;
- This license is specific to the time frame indicated for that specific event;
- Health, Business Privilege and Mercantile Licenses are not transferable and are non-refundable;
- All licensed establishments are subject to formal and informal inspections. The results of formal inspections are public domain and may be displayed in a public forum;
- All licenses are subject to suspension and/or revocation for failure to follow applicable laws and guidelines. These are posted in the Bureau of Codes Administration, Suite 205 in the City Government Center, located at 10 N. Second, Harrisburg, PA 17101.

Whereas, it is our responsibility to enforce the laws and guidelines governing this department, it is also our desire to see you succeed and flourish. Please review the enclosed, provide all application information and return with appropriate payment. You will be notified within 7-14 days of the status of your application. Feel free to contact me at (717) 255-6563 with any questions or concerns you may have.

Good luck in your venture!

Health Officer

Date of Application: _____ Business Name: _____

Special Event: _____ Event Date(s): _____ Total Days: _____

**City of Harrisburg
Special Event Health License**

A health license is required for all food and beverage vendor/stands in the City of Harrisburg. You are exempt from said license if you already hold a Class D City of Harrisburg Health license. A license is good for one stand, which is defined as less than one continuous roof/cover and/or one trailer. **Each stand must have a valid license.** *If you are licensed and/or registered by another municipality or state, attach copy of license/registration.*

Type F License: Number of Days: _____ x \$15/day = \$ _____ Amount Due

Business Name: _____

Business Address: _____

Mailing Address (If different than above): _____

Business Telephone #: (____) _____ Cell Phone#: _____

Owner's Name: _____

Owner's Address: _____

Mailing Address (If different than above): _____

Owner's Telephone #: (____) _____ Cell Phone#: _____

If the individual operating the stand during event is not the owner, the following must be completed:

Manager's Name	Daytime #	Evening #
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A Sketch or picture of stand with a list of all equipment must accompany this application.

- All equipment must meet National Sanitation Foundation specifications.
- All stands are required to have potable water, the ability to warm water for utensil washing, soap & towels for hand washing and an approved sanitizing solution.
- Appropriately equipped heating and refrigeration units capable of holding hot foods at or over 135°F and cold foods at or below 41°F

On the back of this application, or as an attachment, provide:

- A copy of PA Food Employee certification card for supervising staff person.
- A detailed listing of proposed foods and/or menu.
- A list of Wholesaler(s) / Supplier(s) and their address and phone number(s).

License Total: \$ _____

Double Permit fee if submitted less than 10 days prior to event: x2

Total Due: \$ _____

Detailed List of Proposed Food and/or Menu

List of Wholesaler(s) / Supplier(s)

Name

Address

Phone

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Any Additional Information: _____
