

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: _____