



**City of Reading Citizens' Service Center**  
**815 Washington Street**  
**Reading Pennsylvania 19601-3690**  
**1(877) 727 3234 Fax (610) 655-6242**  
**www.readingpa.gov**  
**License Fee - \$55.00**  
**BUSINESS PRIVILEGE LICENSE APPLICATION**

<u><b>For City Use Only</b></u>	
Account Number	
Clerk	Date

The following information is necessary for our records and will be held in strict confidence.

**All applicable questions (1-26) must be fully answered and clearly printed.**

<b>1. Business Name:</b> _____	<b>2. EIN/FIN:</b> _____
<b>3. Business Location:</b> _____	
<b>4. ( ___ Own Building)</b> <b>( ___ Rent Building) – Landlord's Name:</b> _____	
<b>Landlord's Address:</b> _____	
<b>5. Business Mailing Address Where All Forms Are To Be Sent:</b> _____	
_____	
<b>6. Business Phone:</b> _____	<b>7. Fax:</b> _____
<b>8. Business Web-site:</b> _____	<b>9. E-Mail:</b> _____
<b>10. DATE OPENED IN THE CITY OF READING:</b> _____	
<b>11. DESCRIBE BUSINESS ACTIVITY:</b> _____	
<b>12. Will you be working in the City of Reading 15 or more days?:</b> _____	

**13. Organization & Type of Business:**

Proprietorship	_____	Regular	_____	Wholesale**	_____ %
Partnership*	_____	Seasonal	_____	Retail	_____ %
LLP	_____	Temporary	_____	Service	_____ %
LLC	_____	Job-Site	_____	Commission	_____ %
S-Corp	_____	Itinerant Vendor	_____	Rental	_____ %
C-Corp	_____			Non-Profit	_____ %
Association	_____			Manufacturing***	_____ %

<b>14. Are there Pool Tables, Juke Boxes, or other Amusement Devices on the Premises?****</b> ( ___ Yes) ( ___ No)	
<b>15. Accounting Basis:</b> ( ___ Cash)( ___ Accrual)	<b>16. Accounting Year:</b> ( ___ Calendar) ( ___ Fiscal)
<b>17. No. Of Employees (W-2 Recipients)</b> _____	<b>18. Monthly Payroll \$</b> _____

**1099 EMPLOYEES**

**19. Please List Employees Who Are Paid As Independent Contractors, Subcontractors, or other individuals who will be issued 1099 forms. Please use additional sheets if necessary.**

NAME	BUSINESS NAME	MAILING ADDRESS
NAME	BUSINESS NAME	MAILING ADDRESS

**PLEASE COMPLETE ITEMS #19-21 ONLY IF BUSINESS IS A SOLE PROPRIETORSHIP (SCHEDULE C FILER):**

<b>20. Owner(s) Name (s):</b> _____	<b>21. Owner's SSN:</b> _____
<b>22. Owner's Home Address:</b> _____	
<b>Owner's Date of Birth:</b> _____	
(mm/dd/yyyy)	

**23. IF BUSINESS IS A PARTNERSHIP, LLC, LLP, LP OR A CORPORATION (C or S Corp) PLEASE COMPLETE BELOW (IF BUSINESS IS A SOLE PROPRIETORSHIP, PLEASE SKIP TO ITEM #23):**

Partners', Members' Or Officers' Names	Title	Date of Birth	Social Security Number	Home Address

24. Name of Previous Owner (If Any): \_\_\_\_\_  
 25. Previous Business Address (If Any): \_\_\_\_\_

**Before the issuance of a Business Privilege License, you are required to register with the Zoning and +Health Offices.**

<b><u>OFFICIAL USE ONLY</u></b>	
<b>Zoning</b>	<b>Zoning Office Approval:</b>
<b>+Health</b>	<b>Health Office Approval:</b>
+Required For: Food Service - Eating & Drinking – Vending – Refuse & Solid Waste Haulers – Exterminators – Itinerant Food Service	

**26. Rental Properties – List Each Rental Property Located Within the City of Reading:**  
 Please attach additional sheets if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**26. I Hereby Certify That All Information and Statements Herein Are True and Correct and I/we have read the accompanying instructions.**

**If this form is not signed in the Citizens' Service Center it must be NOTARIZED.**

**X** \_\_\_\_\_  
**Proprietor/Partner/Member(s)/Officer(s) Signature** **Date**

**X** \_\_\_\_\_  
**Partner/Member(s)/Officer(s) Signature (If Applicable)** **Date**

NOTE: The facts set forth herein are made subject to the penalties of 18 PA C.S. Sec. 4904 relative to unsworn falsifications to authorities.

\*If Business Is A Partnership, All Partners Must Verify Questionnaire Either By Personal Appearance At This Office For The Purpose Of Signing This Questionnaire Or By Separate Notarized Statement.  
 \*\*Wholesale shall mean sales to dealers/distributors/vendors who resell the items purchased "AS-IS". When a product is sold and then used in the construction of a new product, it is NOT considered wholesale.  
 \*\*\*Manufacturing: If claiming a manufacturing exemption, a written request detailing the nature of the operation must be made within thirty (30) days to the Municipal Operations Manager. An inspection of the operation is required prior to a decision being rendered. Acceptance or rejection of the request will be issued by the Municipal Operations Manager in writing. All gross receipts will be considered taxable until said decision regarding exemption is issued. No Manufacturing Exemptions shall be granted retroactively.  
 \*\*\*\*Amusement Device Licenses Must be Obtained the Day Devices are Brought on the Premises.  
 The license fee and business privilege tax are an annual license/tax. Notices will be mailed to you in January, on an annual basis, after your first year of business. If you do not receive these notices, it is your responsibility to notify us for a duplicate form.