



**City of Reading Citizens Service Center**  
**815 Washington Street**  
**Reading Pennsylvania 19601-3690**  
 1(877) 727 3234  
[www.readingpa.gov](http://www.readingpa.gov)  
[csc@readingpa.gov](mailto:csc@readingpa.gov)  
 License Fee - \$55.00

**BUSINESS PRIVILEGE LICENSE APPLICATION**

<b><u>For City Use Only</u></b>	
_____	
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.**

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

<b>13. Organization &amp; Type of Business:</b>		
Proprietorship _____	Regular _____	Wholesale** _____ %
Partnership* _____	Seasonal _____	Retail _____ %
LLP _____	Temporary _____	Service _____ %
LLC _____	Job-Site _____	Commission _____ %
S-Corp _____	Itinerant Vendor _____	Rental _____ %
C-Corp _____		Non-Profit _____ %
Association _____		Manufacturing*** _____ %

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

<b><u>1099 EMPLOYEES</u></b>		
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):**

20. Owner(s) Name (s): \_\_\_\_\_ 21. Owner's SSN: \_\_\_\_\_  
 22. Owner's Home Address: \_\_\_\_\_  
 Owner's Date of Birth: \_\_\_\_\_  
 (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>OFFICIAL USE ONLY</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.

### **All businesses must register separately with the City of Reading's tax collectors as follows:**

The following local payroll tax is levied by the City of Reading, PA and administered/collected by Berks Earned Income Tax Bureau:

- **Earned Income Tax**-Must be deducted for all individuals employed at the employer's City of Reading location. The 2024 rate is 3.6% for all City of Reading residents; and 1% for most non-city residents.  
Contact Berks Earned Income Tax or see the tax rates on our website: [www.readingpa.gov](http://www.readingpa.gov) to confirm.

Berks Earned Income Tax Bureau  
1125 Berkshire Blvd, Suite 115  
Wyomissing, PA 19610  
610.372.8439  
[www.beitb@berkseit.com](mailto:www.beitb@berkseit.com)

The following taxes are levied by the City of Reading, PA and administered/collected by Keystone Collections Group:

- **Local Services Tax**-This payroll tax must be deducted at the rate of \$1.00 per week per individual employed at the employer's City of Reading location.
- **Business Privilege Tax**-rates determined by business type based on gross receipts.

Keystone Collections Group  
PO Box 559  
Irwin, PA 15642  
1 888 328 0561, Spanish 724 978 2866  
<https://keystonecollects.com>