



City of Reading Citizens' Service Center
 815 Washington Street
 Reading Pennsylvania 19601-3690
 (610) 655-6508 Fax (610) 655-6242
 License Fee - \$55.00
 csc@readingpa.org
BUSINESS PRIVILEGE LICENSE
RENTAL APPLICATION

<u>For City Use Only</u>	

Account Number	

Clerk	Date

All applicable questions (1-11) must be fully answered and clearly printed.

1. Name of Property Owner: _____	2. SSN/FEIN: _____
3. Property Owner's Mailing Address: _____	
4. Telephone: _____	5. Fax: _____
6. E-Mail: _____	

7. DATE RENTAL REVENUES BEGAN: _____

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

Proprietorship	_____	Partnership*	_____	LLP/LP	_____
LLC	_____	S-Corp	_____	C-Corp	_____
Association	_____				

9. **PROPERTY OWNER/LANDLORD INFORMATION:**

Proprietor, Partners', Members', Or Officers' Name(s)	Title	Birth Date	Social Security Number	Home Address

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

- _____
- _____
- _____
- _____
- _____

Before the issuance of a Business Privilege License, you are required to register with the Codes and Zoning Offices.
Attach a copy of your Zoning Permit and Housing Permit with your Business Privilege License Application and check or money
order in the amount of \$55.00 payable to the City of Reading

11. **I Hereby Certify That All Information And Statements Herein Are True and Correct.**
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 Rental 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.