

STARTING A NEW BUSINESS IN THE CITY OF HARRISBURG?

Mayor Wanda R.D. Williams welcomes you!

There are a few things to know about establishing a business in the City of Harrisburg.

- A **BUSINESS PRIVILEGE AND MERCANTILE LICENSE** is required of all businesses doing trade within the City of Harrisburg, whether you are headquartered here or elsewhere. **COPY ATTACHED.**
- If you are vending on a sidewalk or elsewhere outdoors, you also need to obtain a **VENDOR'S LICENSE** and **OWNER'S CONSENT FORM**. An application is available in the Tax & Enforcement Office in Room 305-A.
- Anyone establishing a business located in the City of Harrisburg is required to obtain a **BUSINESS ZONING/FIRE PREVENTION PERMIT**. This will show that your business is legitimate at your location and that it meets the Fire Code for the type of business you are doing. Not all businesses need the Fire Prevention portion – review the list to see if you fit one of the categories. If you do not fit a category, simply check the Fire Prevention Exemption box at the bottom of the front page. **COPY ATTACHED.**
- Any **NEW/CHANGE OF USE AND/OR STRUCTURAL CHANGES** may require a building permit and inspection. Please contact the Bureau of Codes at (717) 255-6553
- HOME OCCUPATION?** Sign the home occupation agreement attached to the Business Zoning Permit. **COPY ATTACHED.**
- Are you selling food or operating a childcare?** Anyone providing food or drink of any type must have a **HEALTH LICENSE**. An application is available in the Bureau of Codes in Room 205 or in the Tax & Enforcement Office Room 305-A.
- Return completed packet along with payment made payable to “City Treasurer” to the Tax & Enforcement Office in Room 305-A. All payments are non-refundable.

If you have interest in a ribbon cutting ceremony, please contact Mayor Wanda R.D. Williams office at (717) 255-3040.

HAVE QUESTIONS?

Mercantile & Vendors License:	Tax & Enforcement Office (717) 255-6513
Zoning/Home Occupation:	Planning Bureau (717) 255-6637
Health License/Fire Prevention:	Codes Bureau (717) 255-6553

All forms except the Vendor License form are available at www.harrisburgpa.gov.



Rev. Dr. Martin Luther King, Jr. City Government Center
10 North Second Street, Harrisburg, PA 17101
Mayor Wanda R.D. Williams

**CITY OF HARRISBURG AND HARRISBURG SCHOOL DISTRICT
EXPLANATION OF THE
BUSINESS PRIVILEGE AND MERCANTILE LICENSE**

Attached is an application for a Business Privilege and Mercantile License. The fee for this license is **\$50.00** for each calendar year. The fee is not reduced pro rata by the portion of the license year elapsed in the year first procured. At the proper time, an annual or quarterly reporting form, whichever is applicable, will be mailed to you.

The Tax Ordinance was enacted under the authority of the Local Tax Enabling Act (Act 511 of 1965), 53 P.S. 6901 et seq., and appears in the Codified Ordinances of the City of Harrisburg at Chapter 5-715. The City of Harrisburg, Chapter 5-715 of the Codified Ordinance and the Harrisburg School District, Resolution of 1989 provides for and regulates the "assessment, levy and collection for general revenue purposes of an annual Business Privilege & Mercantile tax upon persons, firms, companies, and corporations engaging in business, described therein, within the City of Harrisburg. The Chapter and Resolution contains pertinent information relative to the definitions and rates; a copy can be requested either through the City Clerk's Office or the Tax & Enforcement Office.

Business Privilege & Mercantile Licenses may not be assigned or transferred. So, if a new owner takes over the business, a new Business Privilege & Mercantile License and/or Health License application, if applicable, needs completed. Taxpayer's change of address must be reported in writing to this office within ten (10) days after such change becomes effective.

This license may be suspended or revoked at any time by the Mayor or designee if it is determined that the holder of the permit or 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.

BUSINESS - This is defined as carrying on, or exercising of any trade, profession, or vocation, or commercial activity or making sales within the City of Harrisburg. **The following are brief descriptions of each category to determine which one accurately describes the nature of your business.**

BUSINESS PRIVILEGE - Any profession, vocation or commercial activity, **including but not limited to**, lawyer, doctor, accountant, broker, contractor, consultant, maintenance/repairs, engineering, planning design, installation, training, the lease or use of real or personal property, commission sales, etc., for which a fee is collected for services rendered.

WHOLESALE DEALER - Sales made by persons engaged, as owner or agent, in the business of selling to, or exchanging with another person, goods for cash or barter or any consideration, for the purpose of resale by the person acquiring the goods sold or exchanged.

RETAIL - Sales made by persons engaged, as owner or agent, in the business of selling or exchanging merchandise for cash or barter or any consideration on the assumption that the purchaser of such goods has acquired the same for ultimate consumption or use and not for resale.

<u>TAX RATES</u> -	<u>CITY OF HARRISBURG</u>	<u>HARRISBURG SCHOOL DISTRICT</u>
Business Privilege:	2 mills (.0020) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.	1 mill (.0010) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.
Wholesale Rate:	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.
Retail Rate:	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.

ANNUAL TAX RETURNS ARE DUE BY APRIL 15TH OF EACH YEAR WHETHER OR NOT A TAX IS DUE!!!
Failure to file and/or pay the tax could result in legal action by the City as well as your license being revoked.

**CITY OF HARRISBURG
APPLICATION FOR BUSINESS PRIVILEGE AND MERCANTILE LICENSE**

MAIL TO: TAX AND ENFORCEMENT OFFICE
10 N. 2ND STREET, SUITE 305-A
HARRISBURG, PA 17101
(717) 255-6513

LICENSE AND FILING FEE: \$50.00
DUE EVERY CALENDAR YEAR!!!
CHECK OR MONEY ORDER ONLY
PAYABLE TO: "CITY TREASURER"

Application is hereby made for a Business Privilege and Mercantile License for the year(s) 20__ as required by Chapter 5-715 of the Codified Ordinance for the City of Harrisburg as amended by the City Council of the City of Harrisburg providing for the same. **Indicate Date Business Started (within the City Limits of Harrisburg):**_____.

1. Please check appropriate category, which accurately describes the nature of your business as defined on the attached sheet.

WHOLESALE RETAIL BUSINESS PRIVILEGE

2. Business name and address. If conducted under a corporate or fictitious name, list name: **(Please print clearly)**

BUSINESS NAME

BUSINESS ADDRESS CITY STATE ZIP CODE

MAILING ADDRESS (If different than above) CITY STATE ZIP CODE

BUSINESS TELEPHONE IRS ID NUMBER (EIN)
A copy of your Federal or State EIN letter must be provided.

3. Check whether business is: Incorporated Partnership Individual Agent LLC
4. If you are conducting business in the Commonwealth of Pennsylvania, please list your sales tax number, if applicable: _____ and/or your **PA Home Improvement Contractor #:** _____
5. Give the name(s) of the true owners of the aforementioned business, their legal residence (excluding PO BOX), social security number, date of birth and telephone number(s).

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 # ()
E-mail	E-mail	E-mail

FURTHER INFORMATION APPEARING ON THE REVERSE SIDE MUST BE COMPLETED!

6. Fully describe the nature of your business: _____

7. List current job(s) or contracts, which necessitates the application for this license (if applicable):

8. Have you ever been issued a Business Privilege and Mercantile License with the City of Harrisburg?
 Yes No If yes, give name(s) license was issued under: _____
9. Give name, address (excluding PO BOX) of other places of Business, Parent Companies (if subsidiary) within or outside the City of Harrisburg: _____

10. How many full & part-time jobs were created as a result of your new business opening within the City of Harrisburg corporate limits? **Full-time** _____ **Part-time** _____
11. Is this a minority-owned business? Yes No
(The above question is not mandatory if you prefer not to answer)
12. Provide the dollar amount of annual gross receipts anticipated.
 \$ _____

PLEASE NOTE: Failure to provide the above information required for proper enforcement of the Business Privilege and Mercantile Tax and License, shall be cause for rejection of this application and shall require a new application and filing fee.

I VERIFY THAT THE STATEMENT MADE HEREIN ARE TRUE AND CORRECT AND FURTHER UNDERSTAND MY RESPONSIBILITY FILE AND PAY THE MERCANTILE AND BUSINESS PRIVILEGE TAX AT THE APPROPRIATE TIME. FURTHERMORE, A TAX RETURN MUST BE FILED WHETHER OR NOT A TAX IS DUE. I UNDERSTAND THAT FAILURE TO FILE A RETURN MAY SUBJECT ME TO PROSECUTION.

 AUTHORIZED SIGNATURE

 DATE

Prior to submitting this application, if you are located in the City, you are required to obtain Zoning approval, Fire Prevention Code approval and Health approval, if you deal with any type of food.

******* OFFICIAL USE ONLY *******

The authorized signatures below certify that all Zoning, Health, Fire Prevention and related licenses have been established and conform to the respected ordinances under their authority.

 ZONING ADMINISTRATOR

 DATE

 CODES ADMINISTRATOR

 DATE

 HEALTH OFFICER

 DATE

 TAX & ENFORCEMENT ADMINISTRATOR

 DATE

Date Forwarded to Codes: ____ / ____ / ____

LICENSE NUMBER: _____ - _____



City of Harrisburg
 Department of Building and Housing Development
 Bureau of Codes Administration



BUSINESS ZONING / ANNUAL FIRE PREVENTION CODE PERMIT

Must comply with PA Act #222 and Labor & Industry Regulations where applicable

(CORRECT FEE AMOUNT MUST ACCOMPANY THIS COMPLETED APPLICATION OR IT WILL NOT BE PROCESSED.)

A. Name of Business and Location of Building

 (Name of Business / Applicant) Tax Parcel ID #: _____
 (Inserted by Zoning Officer)

 (No.) (Street)

B. Ownership: Private (individual, corporation, nonprofit institution, etc.) Public (federal, state or local government)

Contact Person: _____ Telephone Number: (____) _____
 Address: _____
 Fax Number: (____) _____ Email: _____

C. Current Zoning use / Proposed Use: (Mark a "C" beside current and a "P" beside proposed use):

- | | | |
|---|--|--|
| <input type="checkbox"/> Amusement, Recreational 318 | <input type="checkbox"/> Church, other religious 319 | <input type="checkbox"/> Industrial 320 |
| <input type="checkbox"/> Parking Garage 321 | <input type="checkbox"/> Service Station, Garage 322 | <input type="checkbox"/> Hospital, Institutional 323 |
| <input type="checkbox"/> Office, Bank, Professional 324 | <input type="checkbox"/> Public Utility 325 | <input type="checkbox"/> Educational (School) 326 |
| <input type="checkbox"/> Stores, Mercantile 327 | <input type="checkbox"/> Tanks, Towers 328 | |
| <input type="checkbox"/> Other 329 – Specify _____ | | |

D. Is this a Business being run from your home? Yes No (If YES, you MUST complete the attached Home Occupation Certificate.)

E. Building Description (choose one): Commercial Ground Floor Commercial/Upper Floor Living
 Single Family House Two Family House Apartments

F. Brief Description of your business: _____

G. Annual Fire Prevention Category: (see reverse side) _____ **Cost: \$** _____

H. Costs:

Zoning: \$ 25.00
 Annual Fire Prevention: \$ _____ .00 (Price from list on reverse side)
Total: \$ _____ .00 (Check or money order payable to "City Treasurer")

Exemption:

Annual Fire Prevention: Business does not meet any of the criteria for this permit.

I hereby certify that I am the owner or an authorized agent for either the above listed business and/or property, and that I have willingly completed this application to the best of my ability. Falsification of this document will render associated permits null and void and I may be prosecuted pursuant to Section 4904, Title 18 of the Pennsylvania Crimes Code.

 Signature of Applicant Date ____/____/20____

Mayor Wanda R.D. Williams

Questions should be directed to: City of Harrisburg Bureau of Codes Administration
 717-255-6553

FIRE PREVENTION CODE TABLE

**Annual Fire Prevention Description and Fees: (Choose All Categories That Apply to Your Business)
The Code with the Highest Fee Should be Placed on Lines "G" and "H"**

<u>Description</u>	<u>Fee</u>	<u>Description</u>	<u>Fee</u>
<input type="checkbox"/> 01 Auto/truck tire rebuilding plant	\$75.00	<input type="checkbox"/> 29 Amusement Building	\$100.00
<input type="checkbox"/> 02 Auto/truck wrecking, junk, salvage yards	\$75.00	<input type="checkbox"/> 30 Compressed Gas Storage/Handling	\$75.00
<input type="checkbox"/> 03 Auto/truck undercoating areas	\$75.00	<input type="checkbox"/> 31 Covered Mall Buildings	\$75.00
<input type="checkbox"/> 06 Cellulose nitrate motion picture film use or storage	\$40.00	<input type="checkbox"/> 32 Exhibits and Trade Shows	\$150.00
<input type="checkbox"/> 08 Combustible fiber storage, +100 Use flammable 1,000 cu ft, nonflammable 6,000 cu ft	\$75.00	Flammable and Combustible Liquids	
<input type="checkbox"/> 09 Dry cleaning plant	\$50.00	<input type="checkbox"/> 33A Class A 1 to 1,000 gal. in storage	\$25.00
<input type="checkbox"/> 11 Flammable finish +1 gal per day, spray/dip	\$75.00	<input type="checkbox"/> 33B Class B 1,001 to 10,000 gal.	\$100.00
<input type="checkbox"/> 13 Fruit ripening process	\$45.00	<input type="checkbox"/> 33C Class C More than 10,000 gal.	\$200.00
<input type="checkbox"/> 14 Fumigate/thermal insect fog	\$45.00	<input type="checkbox"/> 34 Floor Finishing	\$45.00
<input type="checkbox"/> 15 Garage, repair/service vehicles	\$75.00	Hospitals, Nursing Homes, Rehabilitation Centers & Other Use Groups Not Set Elsewhere	
<input type="checkbox"/> 16 Hazardous chemicals/storage/handling	\$75.00	<input type="checkbox"/> 35A Class A 601 or more persons	\$250.00
<input type="checkbox"/> 17 Heliports, helistops, airports	\$75.00	<input type="checkbox"/> 35B Class B 401 – 600 persons	\$200.00
Places of Assembly		<input type="checkbox"/> 35C Class C 201 – 400 persons	\$150.00
<input type="checkbox"/> 21A Class A 1000+	\$150.00	<input type="checkbox"/> 35D Class D 1 – 200 persons	\$100.00
<input type="checkbox"/> 21B Class B 300-999	\$125.00	Hotels and Motels	
<input type="checkbox"/> 21C Class C 50-299	\$100.00	<input type="checkbox"/> 36A Class A More than 3 Floors	\$100.00
<input type="checkbox"/> 21D Class D 1 – 49	\$75.00	<input type="checkbox"/> 36B Class B 1 - 3 Floors	\$50.00
<input type="checkbox"/> 22 Storage +25 cases	\$70.00	<input type="checkbox"/> 37 LP Gas Storage & use	\$50.00
<input type="checkbox"/> 23 Storage readily combustible materials +2,500 cu ft	\$75.00	<input type="checkbox"/> 38 Liquid/Gas Fuel Vehicles/Equip in Assembly Bldg	\$75.00
<input type="checkbox"/> 24 Tent/air supported structure +120 sq ft(erection of)	\$75.00	Mercantile	
<input type="checkbox"/> 26 Waste material handling plants	\$75.00	<input type="checkbox"/> 39A Class A over 30,000 Sq. ft.	\$100.00
Educational Facilities – Post Secondary, College, Universities, Bus. Schools, Specialty and Trade School		<input type="checkbox"/> 39B Class B 3,001 – 30,000 Sq. ft.	\$75.00
<input type="checkbox"/> 27A Class A 1,500 Students and up	\$250.00	<input type="checkbox"/> 39C Class C 1 – 3,000 Sq. ft.	\$50.00
<input type="checkbox"/> 27B Class B 1,000 – 1499	\$200.00	<input type="checkbox"/> 40 Pesticide Storage and Display	\$75.00
<input type="checkbox"/> 27C Class C 1 – 999	\$100.00	<input type="checkbox"/> 41 Pyrotechnic Special Effects Material	\$125.00
Child/Elder/Daycare Facilities –		<input type="checkbox"/> 42 Refrigeration Equipment	\$75.00
<input type="checkbox"/> 28A Class A Daycare Center (13 or more persons)	\$150.00	<input type="checkbox"/> 43 Rubber Tire Storage	\$100.00
<input type="checkbox"/> 28B Class B Group Daycare Center (6-12 persons)	\$100.00	Welding and Cutting Operations	
<input type="checkbox"/> 28C Class C Home Daycare Center (1-5 persons)	\$65.00	<input type="checkbox"/> 44 Welding, Cutting or Soldering Site	\$55.00
		<input type="checkbox"/> 45 Storage of Cylinders and Containers	\$55.00
		<input type="checkbox"/> 46 Acetylene Generator use Carbide, Cap over 5 pounds	\$55.00

FOR OFFICE USE ONLY

Property # _____ Zoning District: _____ Business Lic# _____

Zoning Approval: _____ Date: ____ / ____ / ____

Comment: _____

Codes Administration Approval: _____ Date: ____ / ____ / ____

Comment: _____

Zoning Trk. #: _____ Fire Trk. #: _____

Zoning Fee: \$ _____ Fire Fee: \$ _____ Double Fee **Total: \$ _____ .00**

Permits Issued: ____ / ____ /20 Processed By: _____ / ____ /20

Home Occupation Agreement

I, _____, have submitted an application to operate an office in my residence, located at _____, for a contracting, trade, remodeling, landscaping or similar use. Section 7-333.2(a)(119) of the Zoning Code defines a "Home Occupation" as "a routine, accessory, and customary nonresidential use conducted within or administered from a portion of a dwelling or its permitted accessory building that is a conducted solely by a permanent resident of the dwelling." My signature below confirms that I agree that my home office and business will comply with the following conditions for my residence, with the understanding that any permit I have with the City of Harrisburg may be revoked if I do not comply with the following conditions as specified in Section 7-309.2(y) of the Zoning Code:

- A permitted Home Occupation shall occupy a floor area not greater than 25% of the total habitable floor area of the dwelling.
- No signage is permitted on the exterior of the residence or on the lot indicating the Home Occupation.
- The building shall retain the characteristics of a residence, and the use shall not detract from the residential character of the neighborhood.
- The Home Occupation may not use any equipment or process which creates noise, vibration, glare, fumes, odors, or electrical or electronic interference, including interference with radio or television reception.
- The Home Occupation may not generate any solid waste or sewage discharge in volume or type which is not normally associated with residential use.
- Only residents of the home may operate the Home Occupation.
- No customer, client, or patient traffic, whether vehicular or pedestrian, is permitted in excess of what is normally associated with residential use.
- The use shall not involve the storage or use of hazardous, flammable, or explosive substances, other than types and amounts commonly found in a dwelling. The use shall not involve the use or storage of toxic substances.
- The business may not involve any illegal activity.

Authorized Signature

Date

City of Harrisburg
Department of Building and Housing Development
Bureau of Codes
Health License Application

Business Name: _____ Date: ____/____/____

Applicant's Name: _____

***Attach copy of government issued proof of Identification with Picture**

Business Address _____

This is an amendment to a current license. License #: _____

1. Type of License(s) Requested (circle all that apply):

Public Eating and Drinking Establishment:

- | | | |
|---|----------|----------|
| <input type="checkbox"/> Occupancy of 0 to 99 | \$135.00 | Code: A1 |
| <input type="checkbox"/> Occupancy of 100+ | \$200.00 | Code: C |
| <input type="checkbox"/> Multi: Any Restaurant Category + Catering + Special Events | \$250.00 | Code: D |

Miscellaneous:

- | | | |
|--|---------|---------|
| <input type="checkbox"/> Add for any category doing off-site catering in the City | \$75.00 | Code: E |
| <input type="checkbox"/> Special Events (per day rate) Requires different application | \$15.00 | Code: F |

Market Style Food Vendor, Indoor or Outdoor (i.e., Broad Street Market, Farm Show)

- | | | |
|--|---------|---------|
| <input type="checkbox"/> Base Fee: Non-hazardous Foods | \$50.00 | Code: G |
| <input type="checkbox"/> Add if selling Meat / Poultry / Seafood / Bakery/ | \$75.00 | Code: H |
| <input type="checkbox"/> Add for Wholesale Option | \$50.00 | Code: I |

Grocery / Convenience Store: Total Floor Area

- | | | |
|---|----------|----------|
| <input type="checkbox"/> 0 to 999 Square Feet | \$100.00 | Code: J1 |
| <input type="checkbox"/> 1000 Square Feet or more | \$200.00 | Code: L1 |
| <input type="checkbox"/> Add for Meat/ Poultry/ Seafood/ Bakery/In-store Deli | \$50.00 | Code: N |

Food Wholesaler / Distributor

- | | | |
|--------------------------|----------|---------|
| <input type="checkbox"/> | \$150.00 | Code: O |
|--------------------------|----------|---------|

Non-profit: Must be a 501(c) 3

- | | | |
|---|---------|---------|
| <input type="checkbox"/> Social Kitchen ONLY | \$25.00 | Code: P |
| <input type="checkbox"/> Institutional / Commercial Kitchen | \$50.00 | Code: Q |

Rooming House:

- | | | |
|--|--------------------------------|----------|
| <input type="checkbox"/> Base Fee | \$75.00 | |
| <input type="checkbox"/> Per Bed | Number of beds _____ x \$20.00 | |
| <input type="checkbox"/> Sanitary Under 1,000 Sq. Ft. | \$150.00 | Code: R1 |
| <input type="checkbox"/> Sanitary 1,000 Sq. Ft. to 4,999 Sq. Ft. | \$150.00 | Code: R2 |
| <input type="checkbox"/> Sanitary 5,000 Sq. Ft. to 9,999 Sq. Ft. | \$150.00 | Code: R3 |
| <input type="checkbox"/> Sanitary 10,000 Sq. Ft. to 19,999 Sq. Ft. | \$200.00 | Code: R4 |
| <input type="checkbox"/> Sanitary 20,000 Sq. Ft. or More | \$250.00 | Code: R5 |

In accordance with the City Zoning Ordinance section (hh) on Page 51 :

1. The rooming house is permitted as an accessory use to a principal residential unit;
2. The principal residence must be owner-occupied and must remain as a single dwelling;
(Please refer to the Zoning Ordinance for additional regulations regarding Rooming Houses)

Non-Rooming House: (Hotel, Motel, Educational Facility, Institution, Place of Assembly for more than 99 persons (sanitary))

- Under 1,000 Square Feet \$50.00 Code: R1
- 1,000 Sq. Ft. to 4,999 Sq. Ft. \$100.00 Code: R2
- 5,000 Sq. Ft. to 9,999 Sq. Ft. \$150.00 Code: R3
- 10,000 Sq. Ft. to 19,999 Sq. Ft. \$200.00 Code: R4
- 20,000 Sq. Ft. or more \$250.00 Code: R5

Effective November 1, 2003, all applications will require a \$25.00 Application fee.

- Application Fee \$25.00 Code: Z
- Health Late Fee \$25.00 Code: HL
- Reinstatement Fee \$40.00
- BYOB**

Separate Application Also Required

(Check or Money Order Payable to “**City Treasurer**”)

Total Due: \$ _____

* Although your Health License will cover all events, if you choose to participate in special events, you will need to carry the \$50.00 General Vendor License in addition to \$50.00 Business Privilege and Mercantile License.

* **Examples of multiple licenses:** if a grocery store with hot foods, you must carry an “A1” and a “D”. If a deli with chips, candy and pastry, you will be an “A1” and “J1”.

* This amount is doubled if application is not turned in 10 business days before change / opening of establishment.

2. Contact Information: It is your responsibility to notify this office of any changes.

Business Name: _____

Business Address: _____

City / State / Zip Code

Mailing Address (if different than above): _____

Business Telephone #: _____ and _____

Manager

Owner

Lessee

Applicant #1 Name	Address	Telephone #

Email _____ Fax # _____

Applicant #2 Name	Address	Telephone #

Email _____ Fax # _____

3. Will there be Patron seating? Yes No If yes, seating capacity: _____

4. Please choose one from the following:

- New Construction Conversion from a Business / Residence
 Remodeled – New Owner Remodeled New Management

5. Type of Service (Check all that apply)

- Dine In Retail Market Stand Caterer
 Take Out Supermarket Day Care Distributor

6. Will there be outdoor Seating? Yes No

7. Type of Menu Full Service Limited Menu Specific Food Items _____
Please Attach Menu

8. Do you have or have you applied for a Liquor License?

- Yes No If yes, what is your LCB license Number _____

9. Employee Information: Total # of Employees _____
Number of Employees on largest shift _____

10. Do you have an employee and/or manager on staff which is a PA Certified Food Handler?

- Yes No ***Please attach a copy of Certificate**

11. Do you have an employee health policy? Yes No

****See Section 46.111 thru 46.115 of the PA Food Code. If you do not have a health policy, you must develop one before opening.****

12. Smoking Policy: Will the facility be smoke free? Yes No

If No, Is there a Non-Smoking section? Yes No

13. Waste Removal Provider: _____

14. Fire Suppression Service Provider: _____

15. Pest Control Service Provider: _____ Phone # _____

Days of Operation & Time

Monday ___:___ AM to ___:___ PM

Tuesday ___:___ AM to ___:___ PM

Wednesday ___:___ AM to ___:___ PM

Thursday ___:___ AM to ___:___ PM

Friday ___:___ AM to ___:___ PM

Saturday ___:___ AM to ___:___ PM

Sunday ___:___ AM to ___:___ PM

**Please Note: Items to be submitted with this application:
Incomplete applications will be returned**

- ❑ Copy of Government Issued Photo ID
- ❑ Detailed floor plan of kitchens, bars, establishment
- ❑ Detailed construction, renovation plans, including plumbing & electric *
- ❑ Detailed list of all equipment with specification sheets
- ❑ Copy of proposed menu
- ❑ Copy of supervisory employee's PA Food Certification Card
- ❑ Listing of Vendors, including contact information
- ❑ Business Privilege and Mercantile Application with a separate check
- ❑ If declaring NON-PROFIT status, you must attach proof of 501(c)(3); if operating an establishment, a statement of your mission as declared to the IRS and how the activity *directly* serves your mission.

**All plumbing and electrical work must be done by a plumber or electrician licensed by the City of Harrisburg, must have a third-party inspection when applicable and must have a permit where applicable. All contractors and equipment installers must have a mercantile license with the City. Permits are required for any work valued at \$1,000.00 and above, this value includes fair market value of all labor and supplies/equipment.

Health License specifics

1. All Health Licenses expire on December 31st of the year in which the license was issued for, they are not pro-rated.
2. A license is for that establishment, at that location, for that owner. They are NOT transferable. All changes from original application should be submitted to this office, in writing within 48 hours.
3. All licensed establishments must file an amended application before equipment changes, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office.
4. All licensed establishments are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
5. All licenses are subject to suspension and revocation for failure to follow applicable laws and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Rules and regulations are available for review in the Office of Codes Administration, Suite 206 of the Martin Luther King, Jr., City Government Center, 10 N. Second Street, Harrisburg, PA 17101. Any changes, clarifications or additions, will be posted the first business day of each month.

I hereby acknowledge receipt of the Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application(s). I understand that the rules and regulations are available in the office of the Bureau of Codes Enforcement and have the opportunity to view them at any time. I acknowledge that all the information is true to the best of my knowledge and that I am an owner or authorized agent of the corporation. I further understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of Pennsylvania Crimes Code, constitutes a misdemeanor of the third-degree offense, punishable by a fine and imprisonment of not more than one year.

Owner/Applicant or Authorized Agent

Date

Print Name

Title

Signature of Witness

Date

Print Name

Phone Number: _____

*****FOR OFFICIAL USE ONLY*****

Forward completed application to Tax & Enforcement Office

Date Received by:

Tax Parcel ID # _____

Tax & Enforcement Office: _____ / _____ / _____

Business Zoning/Fire Prevention: _____ / _____ / _____

Health Officer / Codes Department: _____ / _____ / _____

Final Inspection: _____ / _____ / _____

PASS FAIL

Authorized Signature of Approval / Health Officer

Date