

**CITY OF ALLENTOWN  
IN-CITY BUSINESS APPLICATION**

**GENERAL INSTRUCTIONS:** Complete all sections of the Business License application, answering all questions in full. *All applicants must complete Signature Section C.* Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

**Section A:** This section must be completed for an Incorporated business or by persons who are Self-Employed and by **each Partner** of an unincorporated business. Additional copies of this form are available upon request and on-line at:  
***www.allentownpa.gov***

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		<b>Allentown PA</b>	Zip
		Business Phone	
<b>Mailing Address for ALL Business related forms</b>	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

**LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS**

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone

City or Township/School District where you reside? \_\_\_\_\_ Date Business Started in City of Allentown \_\_\_\_\_

Date Business Incorporated \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Do you, or will you, have amusement devices?  
 NO  YES, # of Devices \_\_\_\_\_

Number of Employees (if Sole Proprietor do not count yourself in this number) \_\_\_\_\_

**LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS**

Business Name	Account No (QW, MW, EW, SP, RE)

**Section B:** This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City	State Zip+4
Principal Bank Information	Name:	Telephone No.
	Address:	
	City	State Zip+4

**Section C:** I hereby certify that the above information and statements are true and correct. I understand that Approval for the above business is contingent upon my compliance with the following departments: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
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\*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #

Business Account #

