

**CITY OF HAZLETON
Rental Property Business License Application**

Complete ALL sections of the Business License application and return to: City Hall, Office of License & Permits, 40 N. Church Street, Hazleton. Make business check payable to: City of Hazleton Licensing. Application may not be processed or approved until the next business day. * Failure to make payment by 1/31/2024 may subject you to a fine of not more than one thousand dollars \$1,000.00. *Delinquent accounts are immediately sent to district court for fines and restitution. If any Questions, please call (570) 459-4925

Section A: Business & Owner Information

| | | | |
|---|-------------------------|-----------------------------------|--|
| Legal / Corporate Name: | | Federal EIN Number: | |
| DBA / Business Name (if Different than Legal Name): | | Business Phone Number: | |
| Sole Proprietor or Partner Name: | | Emergency Contact / Phone Number: | |
| Physical Address / Office: | | Mailing Address: | |
| Date of Incorporated: | State of Incorporation: | Number of Employees: | |

Section B: List Principal Owner(s), Partner(s) or Officers

| | |
|-------------------|-------------------|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone Number: | Phone Number: |
| Email: | Email: |

Section C: Property Manager / Management Company

| | |
|-------------------|-------------------|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Phone Number: | Phone Number: |
| Email: | Email: |

Section D: Financial & Insurance Information

| | | |
|---|---------------------------|----------------------------------|
| Insurance Company Information (Chapter 155-11) | Name: | Phone Number: |
| | Address: | Policy Number: |
| | Municipality, State, ZIP: | Expiration Date: ___ / ___ / ___ |

Section E: Proof of Utilities

| | | |
|---|-----------------------|-------------|
| Hazleton City Water Authority: | Phone: (570) 454-2401 | Account No: |
| Greater Hazleton Joint Sewer Authority: | Phone: (570) 545-0851 | Account No: |
| Electric Company: | Phone: | Account No: |
| Garbage Hauler: | Phone: | Account No: |
| Recycling Hauler: | Phone: | Account No: |
| Security Company: | Phone: | Account No: |

Section F: Physical Address of Rental Properties

Dwelling Type / Number of Units in Each

| <u>Physical Address</u> | Hazleton | <u>Dwelling Type / Number of Units in Each</u> | | | Commercial or mixed-use | Number of Residential Units | Number of Commercial Units |
|-------------------------|----------|--|------------------|--------------------|----------------------------|-----------------------------------|----------------------------------|
| | | Vacant Lot | Single Family | Multiple Family | | | |
| 1 | Hazleton | | | | | | |
| 2 | Hazleton | | | | | | |
| 3 | Hazleton | | | | | | |
| 4 | Hazleton | | | | | | |
| 5 | Hazleton | | | | | | |
| 6 | Hazleton | | | | | | |
| 7 | Hazleton | | | | | | |
| 8 | Hazleton | | | | | | |
| 9 | Hazleton | | | | | | |
| 10 | Hazleton | | | | | | |

Section G: Tenants On Property

| <u>Name</u> | <u>Physical Address</u> | <u>Phone Number</u> | <u>Number of Tenants in Unit</u> |
|-------------|-------------------------|---------------------|----------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

****Use another sheet of paper if necessary for tenants on property****

Section H: Amount Due

| | | |
|---|----------------------|--------|
| Business License Fee: (Hazleton City Code 2022, Chapter 162) | \$ | 100.00 |
| Locations with Residential or Commercial tenants (see Section F of this form): | \$25.00 per address | |
| Yearly Fire Safety Inspection: | \$40.00 per location | |
| (If you have not received your inspection by September 30th, contact the Code Department to schedule.) Reserved | | |
| Parking Space: | | |
| Reserved Metered Spot | \$ 792.00 per spot | |
| Non-reserved Metered Spot | \$ 120.00 per spot | |
| Total payment due to the City of Hazleton by January 31st of the business year. | \$ | |

Section I: Affidavit

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, Zoning, Planning, BCO, Fire (where necessary)

Signature: _____ Title: _____ Date: ___/___/___
 Print Name of Applicant: _____ Attached copy of Identification Card (Driver's License)

Please make checks payable to:
 City of Hazleton
 40 N. Church St.
 Hazleton, PA 18201