

**CITY OF HAZLETON  
2024 BUSINESS RENEWAL APPLICATION**

Complete ALL sections of the Business License application and return to: City Hall, Office of License & Permits, 40 N. Church Street, Hazleton, PA 18201. Make business check payable to: City of Hazleton. Application may not be processed or approved until the next business day. \*Failure to make payment by 1/31/2024 will subject you to a fine of not more than one thousand dollars \$1,000.00. \*Must have a current business license to be eligible for renewal. \*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):					
Sole Proprietor or Partner Name:		Business Web Address:			
Physical Business Address ( Do NOT use PO Box):		Hazleton	PA	18201	Business Phone:
Hours of operation:	S M T W T F S ___:00 - ___:00	Emergency Phone Number: ( ) -			
Mailing Address for All Business related forms	Name:				E-Mail Address:
	Address:				
	Municipality, State, ZIP:				
Municipality / School District where you reside:		Original starting date of business in City of Hazleton:			
Date Business Incorporated:		State of Incorporation:			
Number of Employees (if sole proprietor do not count yours in this number):					

Nature of Business: Please provide a detailed Description of Business below. If need additional space continue on Separate Sheet of Paper and Attach

**List Principal Owner(s), Partner(s) or Officers**

Name:		Address:		City, State, Zip:	
Phone:		Email:			
Name:		Address:		City, State, Zip:	
Phone:		Email:			
Property:	Rent ( ) Own ( )	Property Owner:		Contact:	
Address:		Municipality, State, ZIP:		Phone:	

**Section B: Financial & Insurance Information**

Tax Preparer Information	Name:				Telephone:	
	Address:					
	Municipality, State, ZIP:					
Principal Bank Information	Name:				Telephone:	
	Address:					
	Municipality, State, ZIP:					
Insurance Company Information (Chapter 155-11)	Name:				Telephone:	
	Address:					
	Municipality, State, ZIP:					
	Policy Number:		Expiration Date:	___/___/___		
PA Sales Tax #:		Cosmetology License #:		PLCB LID #:		

**Section C: Proof of Utilities**

Hazleton City Water Authority:		Phone:		Account No:	
Greater Hazleton Joint Sewer Authority:		Phone:		Account No:	
Electric Company:		Phone:		Account No:	
Garbage Hauler:		Phone:		Account No:	
Recycling Hauler:		Phone:		Account No:	

**Section D: Amount Due**

Business License Fee: (Ordinance 2006-34)		See Attach: A	\$
Hazleton Health License: (Ordinance 2011-08)		See Attach: B	PA State
Hazleton Health Inspection: (Ordinance 2011-08)	Last Inspection: <input type="text"/> / <input type="text"/> / <input type="text"/>	See Attach: C	PA State
Hazleton Fire Inspection: (Ordinance 2007-29)	Last Inspection: <input type="text"/> / <input type="text"/> / <input type="text"/>	See Attach: D	\$
Existing reserved Parking / Loading Zone sign: (Ordinance 2014-07, 2015-17)			
	non-metered: \$125.00	metered: \$864.00	\$ -
I would like to apply for a new reserved sign:	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	application fee (non-refundable): \$25.00	\$ -
Number of signs:      Size:			
Gas Pumps: (Ordinance 2006-34)	Yes ( <input type="checkbox"/> ) No ( <input type="checkbox"/> )	# of devices X \$50.00	See Attach: F      \$ -
Other: (please indicate)	Pay this amount by January 31, 2024		Total amount Due: \$
Other PA State License (please list and attach to application):			

**Section E:**

**Multiple Businesses: LIST ALL OTHER CITY OF HAZLETON BUSINESSES AND ACCOUNT NUMBERS**

Business Name	Account No:
IF NO OTHER BUSINESS PLEASE ANSWER (N/A)	

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:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Print Name of Applicant:	<input type="text"/>	Attached copy of Identification Card (Driver's License)			

CITY OF HAZLETON  
IN - CITY BUSINESS APPLICATION  
CITY OF HAZLETON USE ONLY

ZONING APPROVAL & RESTRICTIONS (IF ANY)	Date:
PLANNING APPROVAL & RESTRICTIONS (IF ANY)	Date:
BCO APPROVAL & RESTRICTIONS (IF ANY)	Date:
FIRE APPROVAL & RESTRICTIONS (IF ANY)	Date:

**NOTES**

BUSINESS PRIVILEGE TAX	<input type="checkbox"/> YES <input type="checkbox"/> NO	OCCUPANCY INSPECTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
PROCESSED BY:	<input type="text"/>	DATE:	<input type="text"/>