



Borough of West Hazleton
100 South 4th Street
West Hazleton, PA 18202
570-455-7851 (v) 570-455-4223 (f)
whb1@ptd.net

Application for Business License

(MISSING OR INCOMPLETE INFORMATION WILL DELAY PROCESSING)

Date: _____

Fee **\$75.00/year (not including sign fee)**

New Business _____

Existing Business _____

Type of Business (check one)

Retail Sales Wholesale Professional Services Beauty Salon / Barber

Auto Repair / Sales Restaurant Education Manufacturing

Distribution Other – explain _____

Name of Business _____

Address _____

Business Phone _____ Cell Phone _____

How many employees _____

Hours of Operation _____ Days of Operation _____

Type of Business (Describe in Full)

Sales Tax Number _____ (issued by Department of Revenue)
must provide a copy

Will you be collecting sales tax NO YES

***If you do not have a sales tax number please explain:

Is your business State/Federal or Government Licensed _____ NO _____ YES

Copy to be provided:

_____ Barber License	Expiration Date _____
_____ Car Dealer	Expiration Date _____
_____ Cosmetology License	Expiration Date _____
_____ Precious Metals	Expiration Date _____
_____ Department of Agriculture (for food service)	Expiration Date _____
_____ Liquor License	Expiration Date _____
_____ Insurance License	Expiration Date _____
_____ Tobacco License	Expiration Date _____
_____ Massage Therapy	Expiration Date _____
_____ Real Estate	Expiration Date _____
_____ Health Profession	Expiration Date _____
_____ Taxi Service / Van Service	Expiration Date _____
_____ OTHER	Expiration Date _____

DO YOU HAVE A FIRE ALARM? _____ YES _____ NO

DO YOU HAVE A BURGLAR ALARM? _____ YES _____ NO

How many years in business _____

Did you operate this or any other business in past _____ Yes _____ No

If so please list name/address:

Do you have a current Certificate of Occupancy for the building or space you operate business from _____ NO _____ YES

If so please include copy

Number of signs _____ Approximate size _____

Business Owner Information

Name _____

Home Address _____
(NO PO BOX)

Phone _____

Property Owner (if you rent or lease)

Name _____

Address _____

Phone _____

APPROVALS (Code Official Use Only)

Date _____

Business License Approved _____ Denied _____

Business License Number _____

Code Administrator _____

NOTE : All fees due in 30 days of receipt of invoice