SOUTH WHITEHALL TOWNSHIP BUSINESS PRIVILEGE APPLICATION

Are you: Changing an	existing acc	ount (C	OR)	Register	ing a new b	usiness I	EFFECTIVE I	DATE M	IM/DD/	YYYYY	
GENERAL INSTRUCTIONS: Please complete all sections of the application, answering all questions in full. All registrants must complete Section C. Mail completed form to: South Whitehall Township, Attn: Finance Department, 4444 Walbert Ave, Allentown, PA 18104. Any questions, please call 610-398-0401. A license fee of \$35.00 per year must accompany the Business Privilege Application. Example: If your business started in the Township in the previous year, you will be required to pay the license fee for both the previous and current year i.e., \$70.00).											
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.southwhitehall.com											
Business Name (DBA) or Landlord Name						Federal EIN Number					
Corporate Name					Business Web Address						
Sole Proprietor or Partner Name					Social Security Number						
Business or Rental Property Address (No P.O. Box) City				ty		State Zip Business Phone				none	
Mailing Address Contact Person					E-mail Address						
Related Forms Street	for ALL Business- Related Forms Street or PO Box			City						Zip	
Indicate Type of Entity: [] Sole Proprietorship Business Classification: [] Service [] Retail [] Wholesale [] Rental/Landlord [] Ma.							Manufacturing				
Rental Property/Landlord Nature of Business: (provide a detailed description) Partnership Corporation S-Corp LLC											
LIST PRINCIPAL OWNERS, I											
Name & Title			Hor	me Addres	SS	S	ocial Security	No.		Home Phone	
Date business incorporated:			State of Incorporation:								
Will you have employees:	Yes	No		VOLLOW	,	yes, how	many: FEHALL TO '	WNSHII	D		
Eite		ss Name	JI (E35	100 0 W	N IIV BOO	TH WIII.		wnship A		nt#	
Section B: This section MUST BE completed for ALL businesses operating in South Whitehall Township											
Tax Preparer Name:					Telephone N			No.	0.		
	Address:					City:		State:		Zip:	
Principle Bank Name:						Telephone No					
	Address:		ATT :		Trom 1 : ::	City:		State:		Zip:	
Section C: This section MUST BE reviewed, and ALL statements MUST be initialed as understood by the applicant. Initials											
I am required to renew my Business Privilege License and file a Business Privilege Tax return by April 30 every year. I am											
responsible for communicating contact information changes to the Township. The Township cannot guarantee delivery of mail. The purpose of this application is for a business owner to obtain a license for the privilege of transacting business in South Whitehall Township. Issuance of a Business Privilege License does not confer approval for any other permit that may be required											
by the Township or any other governmental agency having regulatory powers over my business. Zoning, building, electrical, plumbing and/or fire code permits, etc. must be obtained, as necessary, by separate permit applications.											
Signature					Title			Date			
For Office Use Only:											
Business Account #	Processed By:			Date:							

Zoning Questionnaire

If you currently occupy or are proposing to occupy a location anywhere within South Whitehall Township, whether permanently or temporarily, you **MUST** FIRST obtain Zoning approval on a separate Zoning Permit application. Please check one of the following:

	I am now, or propose to be, the occupant of a building, structure, tent, trailer, or tenant space within South Whitehall Township. If checked in the affirmative, you MUST complete the questionnaire below and file a Zoning application or provide the approved permit number here
	I will NOT be the occupant of a building, tent, structure, trailer, or tenant space in South Whitehall Township to conduct my business activity within the boundaries of the Township. If so, do not complete this questionnaire.
1.	Do you currently, or propose to, operate your business from your home located in South Whitehall Township?
	☐ YES ☐ NO
	If yes, have you already obtained a no impact, home based zoning permit? Unsure? Please contact the Permit office
	at (610)398-0401. If YES, list the permit number here
2.	What was the NAME of the previous business that occupied the same South Whitehall Township location that you are looking to occupy? Also, list the TYPE of business that WAS located there before you. If it is NEW space, or a CHANGE OF USE from the previous business, a Zoning application is required.
3.	Please estimate the following:
	Maximum number of employees on the occupied site at any one time:
	Maximum number of customers on the occupied site at any one time:
	Maximum number of parking spaces you might need:
4.	Do you plan to use any signs or other objects such as fences or sheds? This may require an additional permit. Please explain:
	oning questionnaire does not qualify as a zoning permit application but is intended for internal use only. permit applications are available on-line at www.southwhitehall.com or at the municipal building Permit Office, 4444 Walbert Avenue, Allentown, PA 18104.
	Personal Care Homes – Emergency Preparedness
	onal information will be required per Section 107(a-d) of the Regulatory Compliance Guide for Personal Homes if the nature of your business is to provide (WHAT EXACTLY) at a location with the Township. Please check one of the following:
Is th	nis a Personal Care Home as defined in 55 Pa. Code Chapter 2600? YES NO
-	ou answered YES to the above question, have the written emergency procedures (2600.107(b)) been red with Township Management officials? YES NO

If you have not provided the written emergency procedures to the Township, please contact John Frantz, Fire Marshal at frantzj@southwhitehall.com or Tom Petrucci, Township Manager at petruccit@southwhitehall.com or call them at the Township office ** 610-398-0401