

NEW BUSINESS IN THE CITY OF HARRISBURG?

There are a few things to know about establishing a business.

- ☑ First, there is a **BUSINESS PRIVILEGE AND MERCANTILE LICENSE** that is required of all businesses doing trade within the City of Harrisburg, whether you are headquartered here or elsewhere. **COPY ATTACHED.**
- ☑ If you are vending on a sidewalk or elsewhere outside, you also need to get a **VENDOR'S LICENSE and OWNER'S CONSENT FORM.** Get an application from the Tax & Enforcement Office in Room 305-A.
- ☑ Anyone establishing a business in the City of Harrisburg is required to get a **BUSINESS ZONING/FIRE PREVENTION PERMIT.** That shows that your business is legitimate at your location and meets the Fire Code for what you are doing. Not all businesses need the Fire Prevention portion – review the list and see whether you fit one of the categories. If you do not fit the category, simply check the Fire Prevention Exemption box at the bottom of the front page. **COPY ATTACHED.**
- ☑ **HOME OCCUPATION?** Be sure to sign the home occupation agreement attached to the Business Zoning Permit. **COPY ATTACHED.**
- ☑ **Are you selling food or operating a childcare?** Anyone providing food or drink of any type must get a **HEALTH LICENSE.** Pick up an application at the Codes Bureau in Room 205 or in the Tax & Enforcement Office Room 305-A.
- ☑ **Easy to do:** Submit the forms together in ONE packet at ONE time with payment to the Tax & Enforcement Office in Rm. 305-A. We will handle the rest!

HAVE QUESTIONS?

Mercantile & Vendors License:	Tax & Enforcement Office	(717) 255-6513
Zoning/Fire Prevention:	Codes Bureau	(717) 255-6407
Zoning/Home Occupation:	Codes Bureau	(717) 255-6407
Health License:	Codes Bureau	(717) 255-6553

All forms except Vendor Licenses available at www.harrisburgpa.gov.



Rev. Dr. Martin Luther King, Jr. City Government Center
10 North Second Street, Harrisburg, PA 17101
Mayor Stephen R. Reed

**CITY OF HARRISBURG AND HARRISBURG SCHOOL DISTRICT
EXPLANATION OF THE
BUSINESS PRIVILEGE AND MERCANTILE LICENSE**

Attached is an application for a Business Privilege and Mercantile License. The fee for this license is \$40.00 for each calendar year. The fee is not reduced pro rata by the portion of the license year elapsed in the year first procured. At the proper time, an annual or quarterly reporting form, whichever is applicable, will be mailed to you.

The Tax Ordinance was enacted under the authority of the Local Tax Enabling Act (Act 511 of 1965), 53 P.S. 6901 et seq., and appears in the Codified Ordinances of the City of Harrisburg at Chapter 5-715. The City of Harrisburg, Chapter 5-715 of the Codified Ordinance and the Harrisburg School District, Resolution of 1989 provides for and regulates the "assessment, levy and collection for general revenue purposes of an annual Business Privilege & Mercantile tax upon persons, firms, companies, and corporations engaging in business, described therein, within the City of Harrisburg. The Chapter and Resolution contains pertinent information relative to the definitions and rates; a copy can be requested either through the City Clerk's Office or the Tax & Enforcement Office.

Business Privilege & Mercantile Licenses may not be assigned or transferred. So if a new owner takes over the business, a new Business Privilege & Mercantile License and/or Health License application, if applicable, needs completed. Taxpayer's change of address must be reported in writing to this office within ten (10) days after such change becomes effective.

This license may be suspended or revoked at any time by the Mayor or designee if it is determined that the holder of the permit or license secured the same by misrepresentation; failed to maintain qualifications required by federal, state or local laws; engaged in fraudulent behavior or misleading advertising; consented to or allowed any behavior which would constitute a crime under federal, state or local laws, including but not limited to drug trafficking or drug possession; committed an act of gross negligence, or allowed any manner or form of public nuisance.

BUSINESS - This is defined as carrying on, or exercising of any trade, profession, or vocation, or commercial activity or making sales within the City of Harrisburg. **The following are brief descriptions of each category to determine which one accurately describes the nature of your business.**

BUSINESS PRIVILEGE - Any profession, vocation or commercial activity, **including but not limited to**, lawyer, doctor, accountant, broker, contractor, consultant, maintenance/repairs, engineering, planning design, installation, training, the lease or use of real or personal property, commission sales, etc., for which a fee is collected for services rendered.

WHOLESALE DEALER - Sales made by persons engaged, as owner or agent, in the business of selling to, or exchanging with another person, goods for cash or barter or any consideration, for the purpose of resale by the person acquiring the goods sold or exchanged.

RETAIL - Sales made by persons engaged, as owner or agent, in the business of selling or exchanging merchandise for cash or barter or any consideration on the assumption that the purchaser of such goods has acquired the same for ultimate consumption or use and not for resale.

<u>TAX RATES</u> -	<u>CITY OF HARRISBURG</u>	<u>HARRISBURG SCHOOL DISTRICT</u>
Business Privilege:	2 mills (.0020) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.	1 mill (.0010) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/2 mill (.0005) per \$1,000.
Wholesale Rate:	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	1/2 mill (.0005) per \$1,000 of gross receipts up to \$5,000,000. In excess of \$5,000,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.
Retail Rate:	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.	3/4 mill (.00075) per \$1,000 of gross receipts up to \$3,300,000. In excess of \$3,300,000, the rate imposed shall be 1/8 mill (.000125) per \$1,000.

ANNUAL TAX RETURNS ARE DUE BY APRIL 15TH OF EACH YEAR WHETHER OR NOT A TAX IS DUE!!!
Failure to file and/or pay the tax could result in legal action by the City as well as your license being revoked.

**CITY OF HARRISBURG
APPLICATION FOR BUSINESS PRIVILEGE AND MERCANTILE LICENSE**

MAIL TO: TAX AND ENFORCEMENT OFFICE
10 N. 2ND STREET, SUITE 305-A
HARRISBURG, PA 17101
(717) 255-6513

LICENSE AND FILING FEE: \$40.00
DUE EVERY CALENDAR YEAR!!!
CHECK OR MONEY ORDER ONLY
PAYABLE TO: "CITY TREASURER"

Application is hereby made for a Business Privilege and Mercantile License for the year(s) 20__ as required by Chapter 5-715 of the Codified Ordinance for the City of Harrisburg as amended by the City Council of the City of Harrisburg providing for the same. **Indicate Date Business Started (within the City Limits of Harrisburg):**

_____.

1. Please check appropriate category, which accurately describes the nature of your business as defined on the attached sheet.

WHOLESALE RETAIL RENTAL BUSINESS PRIVILEGE

2. Business name and address. If conducted under a corporate or fictitious name, list name: **(Please print clearly)**

BUSINESS NAME			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS <i>(If different than above)</i>	CITY	STATE	ZIP CODE
TAX PARCEL ID #: _____			
BUSINESS TELEPHONE		IRS ID NUMBER (EIN)	

3. Check whether business is: Incorporated Partnership Individual Agent
4. If you are conducting business in the Commonwealth of Pennsylvania, please list your sales tax number, if applicable: _____ and/or your PA Home Improvement Contractor #: _____
5. Give the name(s) of the true owners of the aforementioned business, their legal residence (excluding PO BOX), social security number, date of birth and telephone number(s).

Name	Name	Name
Address	Address	Address
City/State/Zip	City/State/Zip	City/State/Zip
Social Security # - -	Social Security # - -	Social Security # - -
Date of Birth / /	Date of Birth / /	Date of Birth / /
Telephone # ()	Telephone # ()	Telephone # ()
Driver's License No. & State - -	Driver's License No. & State - -	Driver's License No. & State - -

FURTHER INFORMATION APPEARING ON THE REVERSE SIDE MUST BE COMPLETED!

6. Fully describe the nature of your business: _____

7. List current job(s) or contracts, which necessitates the application for this license (if applicable):

8. Have you ever been issued a Business Privilege and Mercantile License with the City of Harrisburg?
 Yes No If yes, give name(s) license was issued under: _____

9. Give name, address (excluding PO BOX) of other places of Business, Parent Companies (if subsidiary) within or
 outside the City of Harrisburg: _____

PLEASE NOTE: Failure to provide the above information required for proper enforcement of the Business Privilege and Mercantile Tax and License, shall be cause for rejection of this application and shall require a new application and filing fee.

I VERIFY THAT THE STATEMENT MADE HEREIN ARE TRUE AND CORRECT AND FURTHER UNDERSTAND MY RESPONSIBILITY FILE AND PAY EHT MERCANTILE AND BUSINESS PRIVILEGE TAX AT THE APPROPRIATE TIME. FURTHERMORE, A TAX RETURN MUST BE FILED WHETHER OR NOT A TAX IS DUE. I UNDERSTAND THAT FAILURE TO FILE A RETURN MAY SUBJECT ME TO PROSECUTION.

 AUTHORIZED SIGNATURE _____
 DATE

Prior to submitting this application, if you are located in the City, you are required to obtain Zoning approval, Fire Prevention Code approval and Health approval, if you deal with any type of food.

******* OFFICIAL USE ONLY *******

The authorized signatures below certify that all Zoning, Health, Fire Prevention and related licenses have been established and conform to the respected ordinances under their authority.

ZONING ADMINISTRATOR	DATE
CODES ADMINISTRATOR	DATE
HEALTH OFFICER	DATE
TAX & ENFORCEMENT ADMINISTRATOR	DATE

Date Forwarded to Codes: ____ / ____ / ____

LICENSE NUMBER: _____ - _____



City of Harrisburg
 Department of Building and Housing Development
 Bureau of Codes Administration



BUSINESS ZONING / ANNUAL FIRE PREVENTION CODE PERMIT

Must comply with PA Act #222 and Labor & Industry Regulations where applicable

(CORRECT FEE AMOUNT MUST ACCOMPANY THIS COMPLETED APPLICATION OR IT WILL NOT BE PROCESSED.)

A. Name of Business and Location of Building

 (Name of Business / Applicant)

Tax Parcel ID #: _____

 (No.) (Street)

B. Ownership: Private (individual, corporation, nonprofit institution, etc.) Public (federal, state or local government)

Contact Person: _____ Telephone Number: (____) _____

Address: _____

Fax Number: (____) _____ Email: _____

C. Current Zoning use / Proposed Use: (Mark a "C" beside current and a "P" beside proposed use):

- | | | |
|---|--|--|
| <input type="checkbox"/> Amusement, Recreational 318 | <input type="checkbox"/> Church, other religious 319 | <input type="checkbox"/> Industrial 320 |
| <input type="checkbox"/> Parking Garage 321 | <input type="checkbox"/> Service Station, Garage 322 | <input type="checkbox"/> Hospital, Institutional 323 |
| <input type="checkbox"/> Office, Bank, Professional 324 | <input type="checkbox"/> Public Utility 325 | <input type="checkbox"/> Educational (School) 326 |
| <input type="checkbox"/> Stores, Mercantile 327 | <input type="checkbox"/> Tanks, Towers 328 | |
| <input type="checkbox"/> Other 329 – Specify _____ | | |

D. Is this a Business being run from your home? Yes No (If YES, you **MUST** complete the attached Home Occupation Certificate.)

E. Building Description (choose one): Commercial Ground Floor Commercial/Upper Floor Living
 Single Family House Two Family House Apartments

F. Brief Description of your business: _____

G. Annual Fire Prevention Category: (see reverse side) _____ **Cost: \$** _____

H. Costs:

Zoning: \$ 25.00

Annual Fire Prevention: \$ _____ .00 (Price from list on reverse side)

Total: \$ _____ .00 (Check or money order payable to "City Treasurer")

Exemption:

- Annual Fire Prevention: Business does not meet any of the criteria for this permit.
 Zoning: The total of any or all improvements including equipment is valued under \$100.00.

I hereby certify that I am the owner or an authorized agent for the above listed business and property, and that I have willingly completed this application to the best of my ability. Falsification of this document will render associated permits null and void and I may be prosecuted pursuant to Section 4904, Title 18 of the Pennsylvania Crimes Code.

 Signature of Applicant

_____/_____/20_____
 Date

Mayor Stephen R. Reed

Questions should be directed to:

City of Harrisburg Bureau of Codes Administration

717-255-6553

Annual Fire Prevention Description and Fees: (Choose Highest Single Category for Your Business)

DESCRIPTION	Permit Fee	DESCRIPTION	Permit Fee
1. Automotive/truck tire rebuilding plant	→ \$60.00 <input type="checkbox"/>	16. Hazardous chemicals, storage, handling	→ \$60.00 <input type="checkbox"/>
2. Automotive/truck wrecking yards, junk yards, and salvage yards	→ \$60.00 <input type="checkbox"/>	17. Heliports, heli-stops, airports	→ \$60.00 <input type="checkbox"/>
3. Automotive/truck undercoating areas	→ \$60.00 <input type="checkbox"/>	18. Lumber yards, woodworking plants	→ \$60.00 <input type="checkbox"/>
4. Bowling lanes and resurfacing thereof	→ \$30.00 <input type="checkbox"/>	19. Magnesium, use of 10 lbs. or more	→ \$30.00 <input type="checkbox"/>
5. Bowling pin refinishing	→ \$30.00 <input type="checkbox"/>	20. Organic coating manufacture	→ \$30.00 <input type="checkbox"/>
6. Cellulose nitrate motion picture film use or storage thereof	→ \$30.00 <input type="checkbox"/>	21. Places of Assembly	
7. Cellulose nitrate plastic (pyroxylin) manufacture or assembly	→ \$30.00 <input type="checkbox"/>	21a. POA - Class A 1000 and over	→ \$100.00 <input type="checkbox"/>
8. Combustible fiber storage, over 100 use flammable (Flammable 1,000 cu.ft. And Non flammable 6,000 cu.ft.)	→ \$60.00 <input type="checkbox"/>	21b. POA - Class B 300 to 999	→ \$75.00 <input type="checkbox"/>
9. Dry cleaning plant	→ \$60.00 <input type="checkbox"/>	21c. POA - Class C 50 to 299	→ \$45.00 <input type="checkbox"/>
10. Feed Mill (Dust explosion)	→ \$30.00 <input type="checkbox"/>	21d. POA - Child care facilities	→ \$45.00 <input type="checkbox"/>
11. Flammable finish use (more than 1 gal. Per day, spraying or dipping)	→ \$60.00 <input type="checkbox"/>	22. Storage of more than 25 cases of items	→ \$60.00 <input type="checkbox"/>
12. Flammable and combustible liquids	→ \$60.00 <input type="checkbox"/>	23. Storage, readily combustible materials Over 2,500 cu. ft.	→ \$60.00 <input type="checkbox"/>
13. Fruit ripening process	→ \$30.00 <input type="checkbox"/>	24. Tenant or air-supported structure over 120 sq. ft. (erection thereof)	→ \$45.00 <input type="checkbox"/>
14. Fumigation/thermal insecticidal fogging	→ \$30.00 <input type="checkbox"/>	25. Video movie outlet, store	→ \$30.00 <input type="checkbox"/>
15. Garage, repair or service of vehicles	→ \$60.00 <input type="checkbox"/>	26. Waste material handling plants	→ \$30.00 <input type="checkbox"/>
		27. Educational Facilities	→ \$75.00 <input type="checkbox"/>

This amount should be placed on lines "G" and "H".

-----FOR OFFICE USE ONLY-----

Property #. _____ Zoning District: _____ Business Lic# _____

Zoning Approval: _____ Date: ____/____/____

Comment: _____

Codes Administration Approval: _____ Date: ____/____/____

Comment: _____

Zoning Trk. #: _____ Fire Trk. #: _____

Zoning Fee: \$ _____ Fire Fee: \$ _____ Double Fee Total: \$ _____ .00

Permits Issued: ____/____/20 Processed By: _____/____/____

Home Occupation Agreement

I, _____, have submitted an application to operate an office in my residence, located at _____, for a contracting, trade, remodeling, landscaping or similar use. By my signature below, I agree the office and business will comply with the following conditions for my residence, with the understanding that any permit I have with the City of Harrisburg may be revoked if I do not comply:

- Only one on-site resident will work on the premises.
- The purpose of the office is to only do telephone transactions and scheduling of appointments.
- All consultations with clients will occur off-site.
- I will not store material or equipment on-site. I will not park commercial vehicles on-site or on the surrounding streets. All material, equipment and vehicles will be stored at an appropriately zoned commercial or industrial site.
- There will be no construction work (other than property maintenance of my residence) occurring on the site, and no loud noises will be generated by this use.

(Signature)

Date