

2024 Allentown Veg Fest Food Vendor Application



Contact Information

Business Name	
Main Contact	
Email Address	
Street Address	
City, State, Zip	
Website	
Cell Phone (required)	
Description of Business, Items for Sale & Price Point	
Returning Vendor (Y/N)	

Vendor Participation Fee

Vendor Pricing	Fee	Your Cost
Exhibitor / Vendor with items for sale – 10x10 Space	\$150	
Additional Space in 5 feet increments	\$50 (each)	

Total:

If for some reason you cannot provide your own electricity, please contact us prior to event.

Payment due upon acceptance.

Payment is required in order to hold your space; failure to pay within one business week of acceptance will cause the forfeiture of your space.

Other Costs: All vendors must have a 2024 City of Allentown Business Registration License; cost is \$35 made payable to the City of Allentown Bureau of Revenue & Audit. Form is attached. All food vendors must have a City of Allentown Temporary Health License; cost is \$40 made payable to City of Allentown Health Dept.

I agree to pay the above cost(s) to be a vendor at the Allentown Veg Fest once accepted. Payment required in full upon acceptance.

Signature _____ Date _____

2nd Annual Allentown Veg Fest
Saturday, April 27th, 2024; 11am-6pm
Food Vendor Requirements



Festival Info

Come and join us for Allentown's Vegfest - the event to promote health-conscious and eco-friendly living! We will be hosting at Cedar Beach Park dedicated to celebrating clean energy, healthy lifestyles, and plant-based food. Enjoy delicious vegan and vegetarian cuisine, music, and entertainment, as well as activities, games, and workshops to help you learn more about living a healthy and sustainable lifestyle. Don't miss this opportunity to connect with like-minded individuals and to make a positive impact on your health and the environment with the Allentown Chamber of Commerce! If you would like to participate, please complete this form.

When: April 27, 2024, from 11am until 6pm

Where: Cedar Beach Park (2600 Parkway Blvd, Allentown, PA 18104)

The committee of the Allentown Veg Fest will review all applications and select all appropriate vendors - space is limited. Applications should be submitted to Vaughan Bryant at vaughanb@lehighvalleychamber.org. Final payment MUST be received once approval is granted.

In order for your application to be complete, payment is due upon acceptance as a vendor. We can process credit cards over the phone or you can mail a check for the total of all fees made out to:

- **The Greater Lehigh Valley Chamber of Commerce Foundation**
- Please mail to Vaughan Bryant at Greater Lehigh Valley Chamber of Commerce, 840 Hamilton Street, Suite 205, Allentown, PA 18101

The Allentown Chamber of Commerce does not guarantee your financial success at this event and vendor fees are non-refundable for any reason. The event is rain or shine.

On the day of the event, vendors must be set up no later than 9:30 a.m.

Business Liability Insurance is required; please include proof with this application. Please sign and return the Liability Agreement included with this application. Vendors who do not complete the Liability Agreement will not be permitted to operate at Allentown Veg Fest.

Booth Info

Each vendor is assigned to a 10 x 10 space. If additional space is needed, please contact Vaughan Bryant.

Vendors are required to weight tents. **Please describe your booth setup, including dimensions, special needs, etc. Use separate sheet if needed.**

I have read the above information and agree to all requirements to be a vendor at the Allentown Veg Fest.

Signature _____ **Date** _____



Vendor Liability Agreement:

Vendor, as defined below, wishes to participate as a vendor or associate in the 2024 Allentown Veg Fest at Cedar Beach Park in Allentown PA (the "Event"). Vendor agrees to accept all liability and responsibility for any personal injury, property damage, loss, theft or any other harm suffered by myself or others arising from or otherwise incident to my participation in the Event.

_____ on behalf of its heirs, executors, assignees, and/or successors in interest, and on behalf of any employees, contractors, directors, subsidiaries, affiliates or invitees (the "Vendor") hereby agrees to indemnify, hold harmless and release The Greater Lehigh Valley Chamber of Commerce, the City of Allentown, and its officials, directors, employees, agents, volunteers, sponsors, affiliates and subsidiaries from and against all suits, claims, demands and losses including costs, expenses and attorney's fees incurred as a result of any act or omission, negligence or misconduct of the Vendor during the Event or otherwise arising out of this Agreement.

- If you have liability insurance check here (___)
- If so, provide certificate of insurance naming the Greater Lehigh Valley Chamber of Commerce and the City of Allentown as additionally insured.
- What is the amount of your liability insurance? _____ (minimum \$500,000)
- Vendor hereby agrees that it shall maintain liability insurance in the amount and type set forth above throughout the term of this Agreement and during the Event.
- What is the type of liability insurance?

By signing this Agreement, the Vendor/Participant hereby requests the Greater Lehigh Valley Chamber of Commerce and City of Allentown to reserve vendor space at the 2024 Allentown Veg Fest and affirms it has read, understands and agrees to all terms and provisions of this Agreement.

Signed: _____

Date: _____

Print Name: _____



City of Allentown Registration Forms

The following documents must be filled out and **returned to City Hall** or an electronic application may be completed at the link provided.

- https://energov.allentownpa.gov/EnerGov_Prod/SelfService#/home

Any questions regarding these applications should be directed to Martha Wittong.

- +1 (610) 437-7760 x2822
- Martha.Wittong@allentownpa.gov



**Bureau of Health
Environmental Health Services**
435 Hamilton St., 410 City Hall
Allentown, PA 18101
Office: (610) 437-7759
FAX: (610) 439-5946

City of Allentown

APPLICATION FOR TEMPORARY FOOD SERVICE ESTABLISHMENT LICENSE

Please complete both sides of this application and submit to the Bureau of Health at least five (5) business days prior to the event. Checks or money order for each stand or location should be made payable to the City of Allentown, and mailed or brought to the address above. The facility will be inspected on the first day of the event and a license will be issued at that time if the facility is in compliance with all applicable ordinances and the "Guidelines for Temporary Facilities". Please call (610) 437-7759 for food related questions. **If payment is not received along with the application at least five (5) business days prior to the event a late fee will be assessed.**

Notice: All individuals or businesses that operate in the City of Allentown are required to obtain a business license. Questions regarding the business registration can be directed to the Bureau of Revenue and Audit 610-437-7507.

A. EVENT/OPERATOR INFORMATION

EVENT TYPE: Food Establishment License 1-2 Day
 Food Establishment License 3-14 Day

CONTACT NAME: _____

CONTACT PHONE: _____

EVENT NAME: _____

LOCATION OF EVENT: _____ EVENT DATE/TIME: _____

TIME SET UP WILL BE **READY FOR INSPECTION**: _____

****All food, equipment, handwashing, and dishwashing stations must be onsite and operational at time indicated.

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS _____

OPERATOR'S NAME _____ HOME PHONE: _____

OPERATOR'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

FOR OFFICAL USE ONLY	
Date Received	
Activity #	
License #	TL-
Approved By	
Date Approved	

I understand that the temporary license is **NOT TRANSFERABLE** and **NON-REFUNDABLE**. I also agree to operate in accordance with the "Guidelines for Temporary Food Facilities", the Food Code, and all other applicable laws and regulations. Additionally, I understand that all food must be made onsite or in a commercially licensed food facility.

Signature of Applicant

1 AND 2 DAY EVENTS		3 TO 14 DAY EVENTS	
LICENSE & OPERATIONAL FEE	\$40.00	LICENSE & OPERATIONAL FEE	\$75.00
LATE FEE (\$15.00)	_____	LATE FEE (\$15.00)	_____
Late fee assessed if less than 5 business days prior to the event.		Late fee assessed if less than 5 business days prior to the event.	
SUBTOTAL	_____	SUBTOTAL	_____
X Number of Stands	_____	X Number of Stands	_____
TOTAL	_____	TOTAL	_____



B. FOOD/EQUIPMENT

1. Please list your menu items: _____

2. What type of temporary food service facility will you be operating at the event? Check all that apply:
 Enclosed Trailer Outdoor Stand Other (specify) _____

3. Where will foods be prepared? On-site Commercially Licensed Food Facility (specify) _____
Foods prepared or canned in private homes are strictly prohibited. Food may be prepared in a commercially licensed food facility prior to the event. Otherwise, all food must be prepared on-site at your event.

4. What type of power source will be used? Generator Plug-in electrical connection

5. Will running water be available? Yes No If "no", how will water be supplied? _____

6. Where will waste water (dish water or handwash) be stored and discarded? _____
All wastewater must be disposed of in a sanitary sewage system. Do **NOT** discard wastewater in a stormwater drain or on the ground.

7. How will cold foods be kept cold (below 41 F)? Foods may NOT be in direct contact with ice and Styrofoam coolers are prohibited.
 Refrigerator Insulated Cooler Other (specify) _____

8. What equipment will you use to cook food? Check all that apply:
 Grill (gas, charcoal or electric) Oven Fryer Microwave Other (specify) _____

9. How will cooked foods be kept hot (above 135 F) after cooking? Check all that apply:
 Steam Table Chafing Dish / Sterno Roaster Grill Other (specify) _____

10. If prepared food is on display, how will it be protected from contamination?
 Sneeze Guards Covers Other (specify) _____

11. What will you use for overhead protection? Tent Roof Awning Cover Other (specify) _____
NOTE: Outer opening protection to enclose the temporary food facility is recommended to be readily available and may be required in areas of food storage, preparation, cooking and serving where food is exposed and/or when conditions such as inclement weather, dust and insects or rodents exist.

12. Did you receive any of the following handouts? Check all that were received.
 Temporary Guidelines
 Handwashing at Temporary Events
 Handwashing and Dishwashing at Temporary Events (Note: dishwashing setups are not always required - N/A if not required)



City of Allentown Bureau of Health Temporary Food Facility Guidelines

FOOD

- All food shall be clean, wholesome, free from spoilage and adulteration, and safe for human consumption.
 - All food shall be from approved, licensed/registered sources. **Foods prepared or canned in private homes are strictly prohibited. Food may be prepared in a commercial licensed kitchen prior to the event. Otherwise, all food must be prepared on-site at your event.**
 - **Food shall be protected from sources of contamination at all times.** Foods must be placed in protected locations during storage, preparation, cooking, serving or display. Food must be stored off the ground and covered to protect it from contamination, use plastic wrap, foil or lidded containers; do not use cloth to cover food.
 - Raw fruits and vegetables must be thoroughly washed before preparation.
 - Time/Temperature Controlled for Safety (TCS) foods such as meat, poultry, fish and dairy products must be kept **below 41°F or above 135°F at ALL TIMES.** Adequate refrigeration and/or hot holding equipment must be provided.
 - TCS foods requiring cooking must be heated to a minimum internal temperature of **at least 145°F** **except:**
 - **Ground meats** (beef, pork, veal, lamb, sausage) must be cooked to **at least 155°F.**
 - **All poultry** (including ground poultry) and stuffing must be cooked to **at least 165°F.**
 - **Vegetables and commercially processed TCS foods for hot holding** must be cooked to **at least 135°F.**
- Use a metal stem probe thermometer to check food temperatures.**
- TCS foods intended to be served hot that are prepared prior to the event in a commercial licensed kitchen must be reheated to **at least 165°F. The reheating, cooling (if necessary) and transportation of such food must be discussed with a Sanitarian.**
 - All ice must come from approved sources and shall be stored in closed containers approved for food storage.
 - Ice used for food and drink storage may not be used in drinks or as ingredients in food.
 - Foods and drinks stored in ice must be in packaging that will not leak, such as sealed cans, bottles or plastic containers with tight-fitting lids.

HANDWASHING AND EMPLOYEE HYGIENE

- A **handwashing station** must be present so food handlers can wash their hands when necessary. Hands must be washed before starting work, when changing gloves, after smoking or going to the toilet, and as often as necessary to remove any contamination. A handwashing station consists of potable water **supplied by a spigot**, hand soap, paper towels and a container to collect the waste water.
- When all food is pre-packaged, chemically treated towelettes may be used.
- **No bare hand contact with ready-to-eat food is permitted.** Use disposable gloves or clean utensils. Change gloves between tasks and when gloves become soiled.
- All food handlers must wear clean clothes, hair restraints and maintain a high degree of personal cleanliness. No smoking is permitted in the temporary facility.

DISHWASHING AND CLEANING

- Dishwashing facilities shall be provided to wash and sanitize equipment that is soiled or contaminated. This shall consist of three sinks, containers (e.g., dishpans or buckets) set up to accomplish a **wash – rinse – sanitize – airdry** method of dishwashing.
- All food contact surfaces such as cutting boards, work tables, utensils and food preparation equipment must be cleaned and sanitized after each use. **A sanitizing solution can be mixed by adding one (1) tablespoon of unscented bleach to a gallon of water.** Approved sanitizer at adequate strength must be used for sanitizing as the 3rd step in dishwashing and for sanitizing food contact surfaces.
- Single service articles must be used when adequate dishwashing facilities are not available.



PHYSICAL FACILITIES

Note: Temporary facilities operating at a one day event may not need to meet the physical facility requirements unless conditions warrant as determined by the Bureau of Health.

- **Overhead protection** (tent, roof, awning cover, etc.) is required for areas of food storage, preparation, cooking and serving.
- **Outer opening protection** to enclose the temporary food facility is recommended to be readily available and **may be required** in areas of food storage, preparation, cooking and serving where food is exposed and/or when conditions such as inclement weather, dust and insects or rodents exist. Acceptable outer opening protection includes tight-fitting doors and windows, 16-mesh screens, air curtains or other effective measures that provide protection from existing conditions. Certain limiting conditions, such as heat and smoke, may eliminate the need for enclosure around grills or other equipment. Enclosures may not be required in cases where all foods within the temporary food facility are covered and protected or no preparation occurs on-site and/or no foods are exposed except when served to the consumer. This determination will be made solely by the Bureau of Health.
- **Flooring** is required for temporary facilities located on grass, gravel, dirt or mulch to control ground dirt, mud, dust, water or other unsanitary conditions. Suitable means of flooring include platforms, duckboards or mats. Temporary facilities located on concrete or asphalt graded to drain do not require flooring if conditions permit.
- **Dining areas** for customers do not require overhead or outer opening protection.

SUPERVISION

- A **Person-in-charge** shall be present at all times and is responsible for overseeing food handling practices and staff hygiene, as well as excluding and restricting ill staff. No person can work as a food handler if they have a disease which can be transmitted by foods, or have symptoms of vomiting, diarrhea, jaundice, or fever, or have boils, infected wounds or sores on hands or arms.

WATER SUPPLY

Hot and cold potable water from an approved source must be provided at the facility.

Water shall be provided by food-grade hose connected to a public water supply fixture. If a public water supply fixture is not available, water must be obtained from an approved source and stored on-site in clean, covered and leak-proof containers with dispensing spouts.

Water may be heated in a coffee urn, on a stove top or other similar method.

SEWAGE AND WASTE WATER

All waste-water must be disposed of in a sanitary sewage system receptacle. Do not discard waste water in a stormwater drain or on the ground.

Each facility without built-in waste collection systems must provide a container with a minimum of 15% greater capacity than the freshwater supply and a tight fitting lid for retention of all waste water prior to disposal.

EQUIPMENT

All equipment must be adequate for its intended use, well maintained and easily cleanable.

Refrigeration units must be capable of holding product at 41° F or below, and must be supplied with an accurate thermometer.

Cooking equipment must be capable of cooking foods to the appropriate temperatures.

Hot holding equipment must be capable of holding foods at **135° F or above**.

TRASH

You must supply a leak-proof trash container with a lid.

RESTROOMS

Must be available for employee use.

The Bureau of Health may impose additional requirements or modify or waive requirements at its discretion.

**These guidelines are for your protection and the protection of your customers.
If you have any questions, please contact the Allentown Health Bureau at (610) 437-7759.**

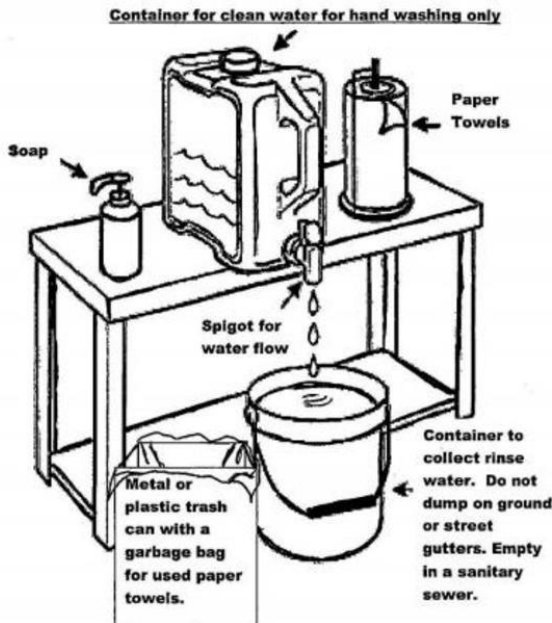


**Bureau of Health
Environmental Health Services**
435 Hamilton St., 410 City Hall
Allentown, PA 18101
Office: (610) 437-7759
FAX: (610) 439-5946

HANDWASHING AT TEMPORARY EVENTS

Proper handwashing facilities must be set-up and functional at all temporary food facilities. Handwashing stations must consist of a mechanical sink, or a container with running water (valve to turn water on/off), a wastewater container, soap, and paper towels. The use of HAND SANITIZER alone is NOT acceptable. In addition, soap pre-placed in a bucket of water is not acceptable.

Examples of proper handwashing stations:



WASH HANDS

Before

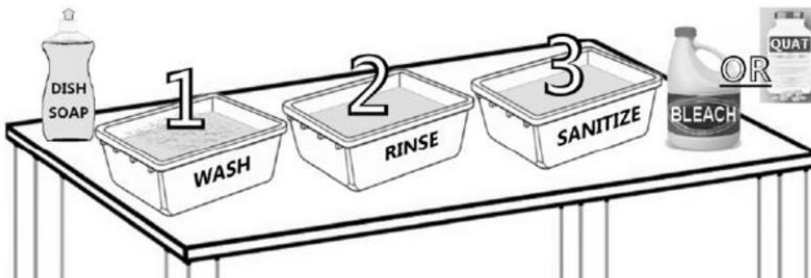
- Starting to work
- Putting on gloves or in between glove changes
- Handling clean dishes

After

- Using the restroom
- Sneezing or coughing
- Eating or drinking
- Smoking
- Handling money
- Emptying garbage
- Any chance of contamination

DISHWASHING AT TEMPORARY EVENTS

To clean and sanitize utensils follow the steps in the order shown below.



For Sanitizing, mix one tablespoon of bleach **OR** one quat tablet in one gallon of water.

**** DO NOT MIX QUAT AND BLEACH TOGETHER!**

Any wiping cloths used must be stored in a separate sanitizing solution for wiping cloths only.





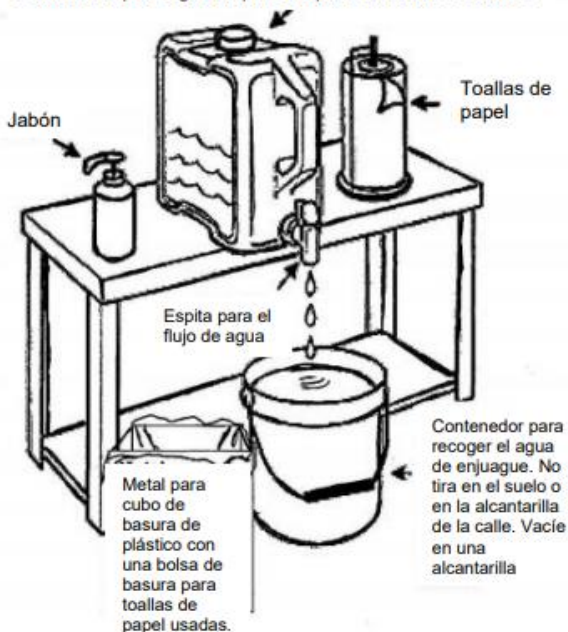
Bureau of Health
Environmental Health Services
 435 Hamilton St., 410 City Hall
 Allentown, PA 18101
 Office: (610) 437-7759
 FAX: (610) 439-5946

LAVADO DE MANOS EN EVENTOS TEMPORALES

Todas las instalaciones de alimentación temporal deben estar configuradas y funcionar adecuadas. Las estaciones de lavado de manos deben consistir en un fregadero mecánico o un recipiente con agua corriente (válvula para encender/apagar el agua), un contenedor de aguas residuales, jabón y toallas de papel. El uso de DESINFECTANTE PARA MANOS por sí solo NO es aceptable. Además, el jabón pre-colocado en un cubo de agua no es aceptable.

Ejemplos de estaciones de lavado de manos adecuadas:

Contenedor para agua limpia sólo para el lavado de manos



LAVARSE LAS MANOS

Antes

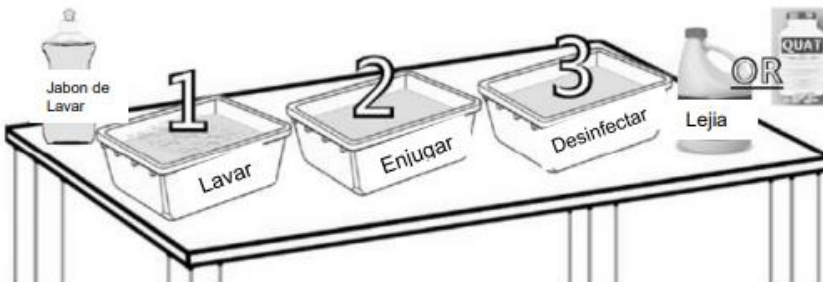
- Empezar a trabajar
- Ponerse guantes o entre los cambios
- Manejo de platos limpios

Después

- Uso del baño
- Estornudar o toser
- Comer o beber
- Fumar
- Manejo de dinero
- Vaciar la basura
- Cualquier posibilidad de contaminación

LAVADO DE PALTO EN EVENTOS TEMPORALES

Para limpiar y desinfectar los utensilios siga los pasos en el orden que se muestra a continuación.



Para desinfectar, mezcle una cucharada de lejía O una tableta de un quat en un gallon de agua.

**** NO MEZCLE QUAT Y LEJIA JUNTOS!**

Los paños de limpieza utilizados deben almacenarse en una solución separada solo para paños de limpieza.





**CITY OF ALLENTOWN
IN-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. *All applicants must complete Signature Section C.* Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

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.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Allentown PA	Zip
		Business Phone	
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone

City or Township/School District where you reside?	Date Business Started in City of Allentown
Date Business Incorporated	State of Incorporation
Number of Employees (if Sole Proprietor do not count yourself in this number)	Do you, or will you, have amusement devices? <input type="checkbox"/> NO <input type="checkbox"/> YES, # of Devices _____

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City	State Zip+4
Principal Bank Information	Name:	Telephone No.
	Address:	
	City	State Zip+4

Section C: 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: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
-----------	--------	------

*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)

EDEN Customer #	Business Account #
-----------------	--------------------



CITY OF ALLENTOWN
IN-CITY BUSINESS APPLICATION (SIDE 2)
- CITY OF ALLENTOWN USE ONLY -

ZONING APPROVAL & RESTRICTIONS (if any):

	Date Approved
--	---------------

RECYCLING APPROVAL & RESTRICTIONS (if any):

	Date Approved
--	---------------

FIRE APPROVAL & RESTRICTIONS (if any):

	Date Approved
--	---------------

HEALTH APPROVAL & RESTRICTIONS (if any):

	Date Approved
--	---------------

- REVENUE & AUDIT USE ONLY -

- BUSINESS APPLICATION INFORMATION -

Business Account No.		Business Privilege Tax	[] Yes [] No	Ref. or Partner Acct. No.
Real Estate Account No.		Business License	[] Yes [] No	
Commercial EIT	[] Yes [] No	Amusement Tax Device	[] Yes [] No	S.I.C. code
Commercial LST	[] Yes [] No	# of Amusement Devices	[] []	New For: Qtr. Yr.
Self-Employed EIT	[] Yes [] No	Recycling Permit	[] Yes [] No	City Start Date:
Self-Employed LST	[] Yes [] No	Trash Hauler's License	[] Yes [] No	Work PSD Code
Processed By:		Reference Only Account	[] Yes [] No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State:



**CITY OF ALLENTOWN
OUT-OF-CITY BUSINESS APPLICATION**

GENERAL INSTRUCTIONS: Complete all sections of the Business License application, answering all questions in full. All applicants must complete Signature Section C. Mail the completed form to: City of Allentown, Bureau of Revenue & Audit, 435 Hamilton St, Room 215, Allentown, PA 18101. A \$35.00 non-refundable application fee must accompany the application. Applications submitted after 3:30pm will not be processed until the next business day. If you have any questions, please call 610-437-7507.

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.allentownpa.gov

Business Name		Federal EIN Number	
Legal Name (if different than Business Name)		Business Web Address	
Sole Proprietor or Partner Name		Social Security Number	
Physical Business Address (Do not use PO Box)		Zip	Business Phone
Mailing Address for ALL Business related forms	Contact Person	E-Mail Address	
	Street or PO Box	City	State Zip
Indicate Type of Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other*:	Business Classification: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Rental Nature of Business: (detailed description)		

LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS

Name & Title	Home Address (No PO Box)	Social Security No.	Home Phone

City or Township/School District where you reside? _____ Date Business Started in City of Allentown _____

Date Business Incorporated _____ State of Incorporation _____ Do you, or will you, have amusement devices?
 NO YES, # of Devices _____

Number of Employees (if Sole Proprietor do not count yourself in this number) _____

LIST ALL OTHER CITY OF ALLENTOWN BUSINESS NAMES AND ACCOUNT NUMBERS

Business Name	Account No (QW, MW, EW, SP, RE)

Section B: This section **MUST BE** completed for **ALL** businesses operating in the City of Allentown

Tax Preparer Information	Name:	Telephone No.
	Address:	
	City	State Zip+4
Principal Bank Information	Name:	Telephone No.
	Address:	
	City	State Zip+4

Section C: 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: Revenue & Audit Bureau, Zoning, Recycling, Fire and Health (where necessary).

Signature	Title:	Date
-----------	--------	------

*Non-Profit Organizations: The City requires a copy of your 501C (IRS non-profit letter)	EDEN Customer #	Business Account #
--	-----------------	--------------------



**CITY OF ALLENTOWN
OUT-OF-CITY BUSINESS APPLICATION (SIDE 2)
- CITY OF ALLENTOWN USE ONLY -**

ZONING APPROVAL & RESTRICTIONS (if any):

Date Approved

RECYCLING APPROVAL & RESTRICTIONS (if any):

Date Approved

FIRE APPROVAL & RESTRICTIONS (if any):

Date Approved

HEALTH APPROVAL & RESTRICTIONS (if any):

Date Approved

- REVENUE & AUDIT USE ONLY -

- BUSINESS APPLICATION INFORMATION -

Business Account No.		Business Privilege Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ref. or Partner Acct. No.
Real Estate Account No.		Business License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commercial EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amusement Tax Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	S.I.C. code
Commercial LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Amusement Devices	[] []	New For: Qtr. Yr.
Self-Employed EIT	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recycling Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	City Start Date:
Self-Employed LST	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trash Hauler's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work PSD Code
Processed By:		Reference Only Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live PSD Code
Process Date:		Incorporated Date:		Incorporated State: