



**BUSINESS PRIVILEGE/ MERCANTILE LICENSE APPLICATION
FOR THE CALENDAR YEAR 2026**

NEW LICENSE ONLY

PAYABLE TO THE CITY OF ALTOONA FEE: \$125.00

THIS LICENSE IS IN ADDITION TO ANY REQUIRED CONTRACTOR'S, HOME HEALTH CARE, RESIDENTIAL RENTAL UNIT, PAWN BROKER, JUNK/SECONDHAND DEALERS, TRASH HAULERS, HOME BASED BUSINESS OR OTHER SIMILAR LICENSES.

BUSINESS REGISTRATION/CHANGE

NEW BUSINESS CHANGE OF OWNERSHIP CHANGE OF BUSINESS NAME AND/OR ADDRESS

BUSINESS INFORMATION

| | |
|---|-------------|
| NAME OF BUSINESS: | EIN NUMBER: |
| PHYSICAL ADDRESS OF BUSINESS (NO PO BOXES): | |
| BUSINESS E-MAIL ADDRESS: | |

BUSINESS CONTACT

| | |
|---|--------|
| NAME OF OWNER OR RESPONSIBLE PARTY OF THIS BUSINESS: | |
| PHYSICAL ADDRESS: | PHONE: |
| PLEASE DESCRIBE THE BUSINESS AND THE EQUIPMENT THAT WILL BE IN USE: | |
| | |
| | |

PROPERTY OWNER

| | |
|------------|--------|
| NAME: | PHONE: |
| ADDRESS: | |
| SIGNATURE: | DATE: |

LICENSE AND CERTIFICATES

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|---|
| LIST ALL LICENSES AND CERTIFICATES REQUIRED AND OBTAINED FOR THIS BUSINESS WITH FEDERAL, STATE AND OTHER LOCAL GOVTS: |
| |
| |

CERTIFICATION

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Dear Business Owner/Applicant,

You are required to complete this form along with the City of Altoona Business Privilege/Mercantile License Application. Upon return, if not already on file, you will be issued an account number through Berkheimer Tax Associates and issued appropriate forms to be filed to report for this jurisdiction.

Please be advised Chapter 237 of the City of Altoona Code of Ordinances requires a separate business license "for each of his or her places of business in the City limits of the City of Altoona".

You must apply for a separate license for each business location in the City of Altoona.

Name of Business: _____

Federal ID or Social Security Number: _____

Business Address or if a Commercial Rental(s), Property Address of the Commercial rental:

Taxing Jurisdiction: _____

Name of Contact Person: _____

Address to which forms should be sent: _____

Date of Business to begin: _____

Type of Business (Retail, Wholesale, Service, Commercial Rental): _____

(If your business is construction, you are responsible for gross receipts on the full job. You must also report the names, addresses and amounts paid to all sub-contractors for work performed in this jurisdiction as well)

Berkheimer Account Number: _____

*If you currently have an account with Berkheimer, please indicate your account number(s).

Please return this form in person or by mail, in addition to page 1, to:

City of Altoona
Community Development Department
1301 12th Street Suite 400
Altoona, PA 16601

If you have questions about this form, please contact the City of Altoona Community Development Department at (814) 949-2470.

If you have any questions regarding the local tax, please feel free to contact Berkheimer Tax Associates at (610) 599-3140.