

Please note:

A) An application cannot be submitted if previous Special Assembly Occupancy License at the proposed location has been revoked or inactivated for a period of less than three months.

B) Within five days of filing an application for a Special Assembly Occupancy License, the applicant shall post a notice of application provided by License Issuance on the exterior of each street frontage of the proposed licensed location for a period of thirty days

C) No license shall be issued or renewed if the licensee is delinquent in the filing or payment of City Taxes.

Most questions on the license form are self-explanatory. The questions that need explanations are listed below. The numbers match the corresponding numbers on the application form. Please be sure to fill in all the required information. Your application will not be processed if required information is missing.

9. **Philadelphia Business Income and Receipts Tax Number**: This is a number assigned by the Philadelphia Revenue Department to identify tax accounts. One tax account number is used for all of your City licenses, if under the same Business entity name and tax account number. If you do not have a tax account number, please go to www.phila.gov/revenue and fill out an application for a Philadelphia Business Tax Account Number. Any tax accounts previously opened for you which are unsettled or delinquent will cause a delay and may preclude the issuance of new licenses.

10. **Philadelphia Commercial Activity License (CAL) Number**: This license is required of every person or business desiring to engage in any business within the City of Philadelphia. The Commercial Activity License is a lifetime license (free) and you can be used for all of your business operating within the City.

14. Lawful Occupancy (LO)Number: The L.O. is the number of patrons allowed in the licensed location at any one time. Please bring proof of your L.O. number at the time of application.

16. <u>Additional Requirements</u>: The application will not be accepted without proof of zoning approval, a copy of the Certificate of Occupancy (C.O.), A copy of LO, a criminal background check from City of Philadelphia (City Hall, Room 167) and a Tax Clearance memo provided by the Law Department at 1401 J.F.K. Blvd., 5th Floor.

After submission of the application, the Customer Care Unit of the Department of Licenses and Inspections will re-route your application to the various units whose approvals are needed prior to the issuance of the license.

CITY OF PHILADELPHIA • DEPARTMENT OF LICENSES AND INSPECTIONS Special Assembly Occupancy License Application For further information call (215) 686-8686. 1. Name of Owner/Operator 3. Location of Licensed Activity City 4. Mailing Address (P.O. Box not acceptable) City				DEPARTMENT OF LICENSES AND INSPECTIONS Customer Care Unit, Public Service Concourse 1401 John F. Kennedy Boulevard Philadelphia, PA 19102 Use a single check or money order for all fees payable to "City of Philadelphia". 2. Business Name State Zip Code State Zip Code				
5. Owner/Operator Daytime Phone No. 6. Owner/Operator Evening Phone			lo. 7.	7. Owner/Operator Fax No. 8. Owner/Operator E-mail Address				
9. Business Income & Recipts Tax No. 10. Comr	nercial Activity Lice	nse Number	11. Date A	ctivity Started at Property	12. Food License Number			
13. Amusement License No. 14.	Lawful Occupancy	No.	I	15. Contact Person	I			
16. Pre-requisite Requirements Application will not be accepted without: a) Proof of Zoning b) Copy of Certificate of Occupancy c) Copy of Lawful Occupancy Sign d) Criminal Background Check (City of Philadelphia) e) Tax Clearance Memos • 1401 J.F.K. Blvd., 5th fl - Law Department • 1401 J.F.K. Blvd., Concourse - Revenue Department 17. License Type Fee								
17. License Type Fee Re		Revenue Co	ode	Licens	e Number			
Special Assembly Occupancy	\$200.00	3006						
\$20.00 non-refundable application fee applies to all licenses - balance to be paid after notice of approval is received (Special Assembly)								
Amusement License	\$50.00	3001						

18. Owner, Corporation and Partnership (list minimum of three principals if corporation).							
NAME / TITLE	SSN / DATE OF BIRTH	HOME ADDRESS (includ	e city, state, zi	p, and telephone number)			
19. Owner / Operator Certification							
I certify that the statements I understand that if I knowin of any licenses issued as a re Owner / Operator's Signature	ngly make any false statem esult of my false applicatio	eents herein I am subject n and such other penaltie	to the possi es as may be	ible revocation			
20. FOR OFFICE USE ONLY							
Remarks:							
		REVIEWED BY		EMPLOYEE NUMBER			
APPROVED REFUSED		DATE	AUDIT	1			