



LICENSE APPLICATION HAZARDOUS MATERIALS

Follow Instructions listed on Instruction Sheet
For further information call (215) 686-8686

WHEN COMPLETED, MAIL TO:

DEPARTMENT OF LICENSES AND INSPECTIONS
CUSTOMER CARE UNIT, PUBLIC SERVICE CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102-1687

USE A SINGLE CHECK OR MONEY ORDER FOR ALL FEES,
PAYABLE TO "CITY OF PHILADELPHIA"

1. OWNER		2. BUSINESS NAME		
1A. APPLICANT'S NAME		1B. EMAIL ADDRESS		
3. LOCATION OF LICENSED ACTIVITY (Include ZIP Code)			4. BUSINESS TELEPHONE NUMBER	
5. BILLING ADDRESS		City	State	ZIP Code
6. DATE ACTIVITY STARTED				
7. PHILADELPHIA BUSINESS INCOME AND RECEIPTS TAX NUMBER		8. PHILADELPHIA COMMERCIAL ACTIVITY LICENSE NUMBER		
10. DESCRIPTION OF ACTIVITY OR BUSINESS				
11. LICENSE		LIC. FEE	LIC. CODE	EXPIRATION DATE
HAZARDOUS MATERIAL HANDLING LICENSE MATERIAL TYPE, CHECK ALL THAT APPLY		\$ 175.00	3335	DECEMBER 31
<div style="display: flex; flex-direction: column; gap: 5px;"> <div><input type="checkbox"/> AEROSOL PRODUCTS</div> <div><input type="checkbox"/> CELLULOSE NITRATE (PYROXYLIN) PLASTICS</div> <div><input type="checkbox"/> COMPRESSED GASES</div> <div><input type="checkbox"/> CORROSIVES</div> <div><input type="checkbox"/> CRYOGENIC LIQUIDS</div> <div><input type="checkbox"/> EXPLOSIVE MATERIALS</div> <div><input type="checkbox"/> FLAMMABLE AND COMBUSTIBLE LIQUIDS</div> <div><input type="checkbox"/> FLAMMABLE AND COMBUSTIBLE LIQUID STATIONARY TANK STORAGE # _____ TANKS</div> <div><input type="checkbox"/> FLAMMABLE SOLIDS</div> <div><input type="checkbox"/> TOXIC SOLIDS AND LIQUIDS</div> <div><input type="checkbox"/> IRRITANTS, SENSITIZERS AND HEALTH HAZARDS</div> <div><input type="checkbox"/> PYROPHORIC MATERIALS</div> <div><input type="checkbox"/> RADIOACTIVE MATERIALS</div> <div><input type="checkbox"/> UNSTABLE (REACTIVE) MATERIALS</div> <div><input type="checkbox"/> WATER-REACTIVE MATERIALS</div> </div>				
PLEASE BE SURE TO READ AND COMPLETE THE OTHER SIDE OF THE APPLICATION				

12. OWNER, CORPORATION AND PARTNERSHIP (list three principals if corporation). Attach additional sheet with information if necessary.

NAME	TITLE	HOME ADDRESS (INCLUDE CITY, STATE, & ZIP CODE. P.O. BOX NOT ACCEPTABLE)

13. COMMENTS / ADDITIONAL INFORMATION**14. APPLICANT CERTIFICATION**

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any license issued as a result of my false application and such other penalties as may be prescribed by law.

Applicant's Signature _____ *Date* _____