

CITY OF PHILADELPHIA • DEPARTMENT OF LICENSES AND INSPECTIONS LICENSE APPLICATION AUTOMOBILE, ETC. <i>Follow instructions listed on the Instruction Sheet.</i>		WHEN COMPLETED MAIL TO: DEPARTMENT OF LICENSES AND INSPECTIONS LICENSE ISSUANCE 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". DO NOT SEND PAYMENT AT THIS TIME FOR LICENSES THAT REQUIRE INSPECTION. PAYMENT SHOULD BE FORWARDED AFTER NOTICE OF APPROVAL IS RECEIVED.		
1. NAME OF OWNER (SEE 12)		2. BUSINESS NAME		3. PERSON RESPONSIBLE IF NON-RESIDENT (PUBLIC PARKING LOT GARAGE)
4. LOCATION OF LICENSED ACTIVITY (INCLUDE ZIP CODE)				ZIP CODE
5. DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
6. BILLING ADDRESS <div style="text-align: center;">CITY STATE ZIP CODE</div>				7. DATE ACTIVITY STARTED MONTH DAY YEAR
8. BUSINESS INCOME & RECEIPTS NUMBER		9. PHILADELPHIA COMMERCIAL ACTIVITY NUMBER		
11. DESCRIPTION OF ACTIVITY/BUSINESS				
12. LICENSE TYPE		FEE	REVENUE CODE	EXPIRATION DATE
RETAIL MOTOR FUEL DISPENSER/AUTOMOBILE REPAIR SHOP		\$175.00	3311	12/31/
AUTOMOBILE WRECKING YARD		\$175.00	3374	12/31/
GARAGE, PUBLIC		\$300.00	3313	12/31/
PARKING LOT, PUBLIC		\$300.00	3371	12/31/
TOWING CAR * (_____ vehicles @ \$125.00 EACH) VIN #		*	3383	12/31/
TOTAL FEES \$ _____				
TOWING AGREEMENT ATTACHED				

PLEASE BE SURE TO READ OTHER SIDE AND COMPLETE WHERE NECESSARY

13. OWNER CORPORATION AND PARTNERSHIP *(LIST THREE PRINCIPALS OR PARTNERS)*

NAME OF PRINCIPAL OR PARTNER	TITLE	HOME ADDRESS <i>(INCLUDE CITY, STATE, ZIP CODE)</i>

I hereby 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 licenses issued as a result of my false application, and such other penalties as may be prescribed by law.

Applicant Signature _____

Date

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PREREQUISITES *(LIST THOSE CHECKED DURING PROCESSING)***STREET CODE**

REMARKS:

☐**APPROVED**☐**REFUSED**

REVIEWED BY

NUMBER

DATE

AUDIT

STREETS

ZONING

CERTIFICATE OF OCCUPANCY