CITY OF PHILADELPHIA • **DEPARTMENT OF LICENSES AND INSPECTIONS**

LICENSE APPLICATION

EXPEDITERS LICENSE

Follow instructions listed on the Instruction Sheet..
For further information call (215) 686- 8686

WHEN COMPLETED MAIL TO: **DEPARTMENT OF LICENSES AND INSPECTIONS**
CUSTOMER CARE UNIT
MUNICIPAL SERVICES BUILDING
1401 JOHN F. KENNEDY BOULEVARD
CONCOURSE LEVEL
PHILADELPHIA, PA 19102

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

1. APPLICANT'S NAME		2. BUSINESS NAME *(IF DIFFERENT)*
3. BUSINESS ADDRESS	4. TELEPHONE NUMBER	5. E-MAIL ADDRESS
6. FAX NUMBER	7. BUSINESS INCOME AND RECEIPTS TAX ACCOUNT NUMBER	8. COMMERCIAL ACTIVITY LICENSE
		10. DATE ACTIVITY STARTED
11. ERRORS AND OMISSIONS INSURANCE COURIER *(ATTACH CERTIFICATION OF INSURANCE)*	12. POLICY NUMBER	AMOUNT

13. HAVE YOU BEEN FOUND GUILTY OF OR PLEADED NO CONTEST TO A CRIME OF FRAUD, DISHONESTY, BREACH OF TRUST OR DECEIT WITHIN THE LAST SIX (6) YEARS?

☐ YES ☐ NO

14. HAVE YOU BEEN FOUND GUILTY OF OR PLEAD NO CONTEST TO A VIOLATION OF THE PUBLIC OFFICIAL AND EMPLOYEE ETHICS ACT (65 P.S. #401 ET SEQ.)?

☐ YES ☐ NO

15. HAVE YOU BEEN EMPLOYED BY THE DEPARTMENT OF LICENSES AND INSPECTIONS OR ANY OF ITS REVIEW BOARDS WITHIN THE LAST 12 MONTHS?

☐ YES ☐ NO

16. HAVE YOU BEEN DISMISSED FROM EMPLOYMENT WITH THE DEPARTMENT OF LICENSES AND INSPECTIONS OR ANY OF ITS REVIEW BOARDS WITHIN THE LAST TWO YEARS?

☐ YES ☐ NO

17. LICENSE TYPE	LICENSE FEE	LICENSE CODE	EXPIRATION DATE	LICENSE NUMBER
Expediter	$100.00	3526	12/31	
COMMERCIAL ACTIVITY LICENSE	$300.00	3702	NONE	

☐ **INSURANCE CERTIFICATE ATTACHED** ☐ **CRIMINAL RECORDS CHECK**

18. CORPORATION AND PARTNERSHIP ***(LIST PRINCIPAL OR PARTNER, IF APPLICABLE)***

Name of Principal/Partner_____ **Title** _____

Home Address ***(Include Zip Code)*** _____

APPLICATION CERTIFICATION

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 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* _____

OFFICE USE ONLY

PREREQUISITES (LIST THOSE CHECKED DURING PROCESSING)

STREET CODE_____

REMARKS:

☐ **APPROVED** ☐ **REFUSED**

REVIEWED BY	NUMBER	DATE	AUDIT

COMMENTS

EXPEDITERS LICENSE

DEPARTMENT OF LICENSES AND INSPECTIONS

How To Complete Form

1. NAME OF APPLICANT Fill in the name of the person, corporation or partnership to whom the license should be issued. Full names must be used. Initials and a last name cannot be accepted.

4. PHONE NUMBER Fill in the daytime (9AM - 5PM) telephone number of person responsible for or knowledgable of activity. **Phone number must be filled in or the application cannot be processed.**

5. COMPLETE IF APPLICABLE.

6. COMPLETE IF APPLICABLE.

7. PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER This is a number assigned by the Philadelphia Revenue Department to identify tax accounts. If you have other licenses from the City the one tax number serves for all. If you have never had a number assigned, but plan to engage in a business, fill out the enclosed Revenue Department **Application For Philadelphia Business Tax Number (83-T-5).**

8. PHILADELPHIA BUSINESS PRIVILEGE LICENSES NUMBER Every business must have one.

9. LICENSE FEDERAL TAX IDENTIFICATION NUMBER For individuals it is the same as your Social Security Number. For other taxable or tax exempt entities, it is a number assigned by the Internal Revenue Service (IRS) for reporting purposes. Your Federal Tax Identification Number must be filled in or the application cannot be processed.

11 & 12. ERRORS AND OMISSIONS INSURANCE CARRIER, POLICY NUMBER AND AMOUNT OF COVERAGE Fill in the name of your insurance carrier, ect., and attach a copy of the Certificate of Insurance. Minimum Liability $100,000.00.

13 & 14. CRIMINAL RECORDS SEARCH Attach an original copy of criminal records search performed by Philadelphia Department of Records (this is obtained in Room 167, City Hall).

17. LICENSE TYPE Place an X in the box in front of the name of the license applied for.