



CITY OF PHILADELPHIA • DEPARTMENT OF LICENSES AND INSPECTIONS

**HONOR BOX
LICENSE APPLICATION****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".

1. NAME OF OWNER/OPERATOR

2. TELEPHONE NUMBER (include area code)

3. BUSINESS ADDRESS (P.O. Boxes are not acceptable)

CITY

STATE

ZIP CODE

4. FACSIMILE NUMBER (include area code)

5. BUSINESS INCOME AND RECEIPTS TAX ACCOUNT NUMBER

6. COMMERCIAL ACTIVITY LICENSE NUMBER

7. FEDERAL TAX ID/SOCIAL SECURITY NUMBER

8. NAME OF CONTACT (person designated as responsible party if different than owner/operator)

9. TELEPHONE NUMBER (include area code)

10. CONTACT'S ADDRESS (P.O. Boxes are not acceptable)

CITY

STATE

ZIP CODE

11. FACSIMILE NUMBER (include area code)

12. CALCULATION OF LICENSE FEES

1. ☐ less than 50 honor boxes (\$50 per box) _____ x \$50 = \$ _____2. ☐ 50-100 honor boxes (\$3,750)3. ☐ 101-200 honor boxes (\$6,250)4. ☐ 201 or more honor boxes (\$7,500)

13. License Type

Fee

Revenue Code

Expiration Date

License Number

☐ Honor Box License

\$ _____

3846

9/30/

The licensee shall notify the Department within ten (10) days of any change in the required information.

14. Owner/Operator 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 the possible revocation of any certificates issued as a result of my false application, and such other penalties as may be prescribed by law.

Applicant Signature: _____ *Date:* _____

FOR OFFICE USE ONLY

PREREQUISITES *(LIST THOSE CHECKED DURING PROCESSING):*

REMARKS:

☐ **APPROVED**

☐ **REFUSED**

REVIEWED BY

NUMBER

DATE

AUDIT

Honor Box License Application - Instruction Sheet

This form is to be used when applying to place an honor box in the program area bounded by and including the south side of Spruce Street, the east side of 6th Street, the north side of Vine Street, and the west side of 21st Street. The numbers below match the numbered questions on the application form. Please fill in the appropriate information in the corresponding box on the application form.

1. **Name of Owner / Operator** – Individual or company name. Full name must be used.
2. **Telephone Number** – Telephone number of the individual or company listed in box #1.
3. **Business Address** – Address of the individual or company listed in box #1.
4. **Facsimile Number** – Facsimile number of the individual or company listed in box #1.
5. **Philadelphia Business Tax Account Number** - This is a number assigned by the Philadelphia Revenue Department to identify tax accounts. This one tax account number is used for all of your City licenses. If you do not have a tax account number, please fill out a Revenue Department 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.
6. **Philadelphia Commercial Activity License Number** – Required of every person desiring to engage in any business within the City of Philadelphia. The Commercial Activity License is a lifetime license (one-time fee of \$300.00) and can be used for all of your businesses operating within the City. Fill in the license number if you already have one.
7. **Federal Tax Identification Number** – Fill in your federal tax number. For individuals it is the same as your Social Security Number. For other taxable or tax exempt entities, it is the number assigned by the IRS for reporting purposes. If a business does not have a number yet, fill in the Social Security Number of the owner, president, or chief partner. You can supply the business's federal tax number when it is assigned. No applications will be accepted without a Federal Tax ID Number.
8. **Name of Contact** – If the owner / operator wishes to designate a contact person other than the person listed in box #1 they must identify that person here. If a company is listed in box #1, then a contact person within that company shall be listed here.
9. **Telephone Number** – Contact person's telephone number.

10. **Contact's Address** – Contact person's address.

11. **Facsimile Number** – Contact person's facsimile number.

12. **Calculation of fees** – Place an "x" in the box in front of the number of licenses you are applying for.
If you are requesting less than 50 honor boxes please calculate the fee on the lines provided.

Special Note: You are required to pay in advance for the number of honor boxes you are requesting. The Streets Department will make the final determination concerning the number of approved honor boxes and the specified locations. Should the number of honor boxes approved by the Streets Department amount to less than the number of honor boxes payment has been submitted for, a refund will be made to account for the discrepancy.

13. **License Type** – Place an "x" in the box in front of "Honor Box License".

14. **Owner / Operator Certification** – Read certification statement, then sign and date on the respective lines.

PLEASE NOTE!!!

In addition to answering the questions listed on the application form, the applicant must submit, on company letterhead, a list of the desired locations. The list must be in the following format:

A) **Corner Location** - List the intersecting streets and the specific corner (Northeast - NE, Northwest - NW, Southeast - SE, Southwest - SW).

Examples: 15th and Chestnut, SE
12th and Market, NW

B) **Mid-Block Location** - List the directional side of street (North- N, South - S, East - E, West - W) and the two streets that bracket the location.

Examples: N side of Walnut, between 12th and 13th
E side of 12th between Market and Ludlow

Failure to include a list of desired locations in the proper format will result in the delay or denial of your license request.