



## Special Assembly Occupancy License Application

For further information call (215) 686-8686

When completed, mail or return to:

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".

1. Name of Owner/Operator		2. Business Name		
3. Location of Licensed Activity		City	State	Zip Code
4. Mailing Address (P.O. Box not acceptable)		City	State	Zip Code
5. Owner/Operator Daytime Phone No.	6. Owner/Operator Evening Phone No.	7. Owner/Operator Fax No.	8. Owner/Operator E-mail Address	
9. Business Income & Receipts Tax No.	10. Commercial Activity License Number	11. Date Activity Started at Property		12. Food License Number
13. Amusement License Number	14. Lawful Occupancy Number		15. Contact Person	
<p>16. Pre-requisite Requirements</p> <p>Application will not be accepted without:</p> <ul style="list-style-type: none"> <li>a) Proof of Zoning</li> <li>b) Copy of Certificate of Occupancy</li> <li>c) Proof of Lawful Occupancy Number</li> <li>d) Criminal Background Check (City of Philadelphia)</li> <li>e) Tax Clearance Memo – 1515 Arch St. 15<sup>th</sup> Flr.</li> </ul>				
17. License Type	Fee	Revenue Code	Expiration Date	License Number
<input type="checkbox"/> Special Assembly Occupancy	\$100.00	3006	8/31/	
<input type="checkbox"/> Amusement License	\$25.00	3001	12/31/	
<input type="checkbox"/> Commercial Activity License	\$300.00	3702	None	

18. Owner, Corporation and Partnership (list minimum of three principals if corporation).

NAME/TITLE	SSN/DATE OF BIRTH	HOME ADDRESS (include city, state, zip, and telephone number)

19. Owner / Operator 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 statements 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.*

Owner / Operator's Signature \_\_\_\_\_ Date \_\_\_\_\_

20. FOR OFFICE USE ONLY

Remarks:

APPROVED

REFUSED

REVIEWED BY	EMPLOYEE NUMBER
DATE	AUDIT