



CITY OF JOHNSTOWN
DEPARTMENT OF FINANCE
CITY HALL, 401 MAIN STREET
JOHNSTOWN, PA 15901
814-539-2504

APPLICATION FOR BUSINESS LICENSE

DATE: _____

Pursuant to Ordinance Chapter 804.04 I (we) hereby apply for a Business License to do business in the City of Johnstown.

BUSINESS INFORMATION

Firm Name: _____ Employer Identification Number: _____

Address: _____

Address (2): _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____ Email: _____

Type of Business: Individual Proprietorship _____ Partnership _____ Corporation _____

Owner Name (If a Partnership, name all members; If Corporation, name all Officers):

Name

Title

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I affirm that the information provided herein is true and correct.

APPLICANT NAME AND TITLE (please print): _____

APPLICANT SIGNATURE: _____

APPROVED FINANCE DEPT: _____ LICENSE NUMBER: _____ DATE: _____
(signature)