



BOROUGH OF WYOMISSING

BOROUGH HALL - 22 READING BLVD.
WYOMISSING, PA 19610-2083
TELEPHONE (610) 376-7481 FAX (610) 376-8470
www.wyomissingpa.org

APPLICATION FOR (COMMERCIAL) BUSINESS PRIVILEGE LICENSE

License Fee - \$50

---Make checks payable to the Borough of Wyomissing---

Business Name: _____

Federal EIN No: _____ Website Address: _____

Business Address (within Borough): _____

Beginning Date of Business (within Borough): _____

Owner/Parent Company: _____

Owner/Parent Company Address: _____

Phone No.: _____ Type of Business: _____

Contact Person: _____ Phone No. _____

Does this Business have other associations or locations within the Borough: Yes No. If YES, list the associations and locations:

Do you rent the office or retail space you occupy: Yes No. If yes, please provide the name, address and phone number of the landlord or agent: _____

"I declare under penalty of perjury that this application is made in good faith, and that all information herein is true and correct."

Print Name (Owner/Authorized Person) **Signature and Date**

Borough of Wyomissing Ordinance #1346 amending Ordinance #1237 provides that any person desiring to conduct or to continue to conduct any business within the Borough shall obtain a Business Privilege License for each tax year. A Business Privilege License is *non-transferable and is required for a landlord leasing any commercial or residential rental property to a tenant. A separate application must be filed for each location and/or each separate entity doing business within the Borough.* Conducting business in the Borough of Wyomissing without a current Business Privilege License can result in a fine of up to six hundred (\$600) dollars plus the cost associated with prosecution.

The Business Privilege License will be mailed to the **business** address in Wyomissing, unless otherwise requested. In the case of rental properties, it will be mailed to the property owner's address. Business Privilege Licenses must be displayed at the place of business for public viewing. Please mail my Business Privilege License to:

BOROUGH USE ONLY (Please do not write within this area)

Date Paid: _____

Received by: _____

Amount Paid: _____

Approved by: _____