City of York

Savvy City Start Up Packet

Honorable Michael Ray Helfrich
Mayor
Dear Business Applicant and/or Owner:

Welcome to the City of York! Whether you are a retailer or renovator, developer or redeveloper, restaurateur or professional service provider, the City of York is open for business and welcomes you.

We look forward to working with you as you meet the requirements for opening or operating a business in the City of York. The attached Business Smart Start-Up Packet will provide you with all the preliminary documents that you will need to apply for opening a business in the City of York. A prefatory cover letter from our Director of Economic Development is included in the New Business Packet, outlining the general steps and chronology for opening a business in York. On both the left-hand margins of this letter and the attached letter, you will find the phone numbers of the appropriate city departments and employees who will assist you through your start-up process. We aim to get you up and running quickly and equitably, so do not hesitate to contact us should you have questions along the way.

Welcome to the City of York - a Revolutionary place to do business!

Sincerely,

Michael Ray Helfrich, Mayor
Dear City of York Business Owners and Aspiring Business Owners:

It is with immense pleasure that I greet you on behalf of the Honorable Michael Ray Helfrich, Mayor of the City of York and Department of Economic & Community Development (DECD). We value your business and look forward to your new, relocated, or expanded business in the City of York.

As the public entity charged with developing business, spurting jobs and investment, we want to make sure transition to York is smooth and timely. A thriving and growing local economy can only take place when business operates in a business-friendly environment. The following pages will explain the various requirements, licenses, and other procedures that must be completed prior to opening your doors. Also enclosed in this document is the contact information for the numerous city departments and staffers responsible to answering any question you might have prior to opening.

We wish each of you much success in your future endeavors. Please know that the economic and community development department’s door is always open, and we stand ready to serve. We are committed to providing you with timely, courteous, and informative customer service. Consequently, all inquiries will be returned within 48 hours.

Sincerely,

Your partner in business,

City of York, DECD
General Information and Checklist

Return all completed forms and/or applications to:
THE BUREAU OF PERMITS, PLANNING AND ZONING
101 S George St, P.O. Box 509, York PA 17405-0509

- Important Phone Numbers
  - PA Dept. of Revenue, York Office (717) 845-6661
  - York Area Earning Income Tax Bureau (717) 854-8084
  - City of York Zoning Officer (717) 849-2280
  - City of York Health Sanitation Officer (717) 845-2124
  - City of York Bureau of Permits, Planning & Zoning (717) 849-2256
  - Historic Architectural Review Board (717) 843-0320

- Proposal for Starting a New Business
  - In your proposal please be as specific as possible to ensure that your application is processed in a timely manner
  - If you are unsure of how the property is zoned or if the proposed use is permitted, please contact the Zoning Officer at (717) 849-2280

- York Area Earned Income Tax Questionnaire
  If you have any questions about the York Area Earned Income Tax Bureau Questionnaire, please contact YAEITB directly at:

  York Area Earned Income Tax Bureau
  1415 North Duke St
  P.O. Box 15627
  York, PA 17405-6376
  (717) 854-8084

- Certificate of Use and Occupancy Inspection
  A Certificate of Use and Occupancy is required prior to operating your business. To schedule a Certificate of Use and Occupancy Inspection, complete the enclosed application and submit the appropriate fee. This fee covers the original inspection only. If any additional inspections are required there is an additional fee. All fees are non-refundable.

- City of York Health License
  If you plan to produce, transport, and process or sell any food products (including snack foods) a City of York Health License is required. To obtain a license fill out the enclosed application. The initial health inspection is conducted at a time of your Certificate of Use and Occupancy inspection. An inspection will be conducted on a yearly basis following the inspection. The health license is not transferrable between owners or properties. If you have any questions, please contact the Health Sanitation Officer at (717) 845-2124
Plan Review Application
If necessary plans must be submitted, reviewed and approved BEFORE a permit can be issued. Three (3) sets of plans (drawings) are required for review.

If you are unsure if your project needs plans submitted, or have any other questions please contact the Bureau of Permits, Planning and Zoning at (717) 849-2256.

Permit Application
If you plan on doing any work, you will need to secure a permit. If you have any questions regarding the need for a permit, please contact the Bureau Permits, Planning and Zoning at (717) 849-2256

Any new construction, additions, expansions, change of egress, as well as other various renovation work will usually require a permit. Fences require a Zoning Determination Letter of Approval and need a sketch of the property indicating the locations of the fence.

Additions and increases to impervious surface areas will require a site plan to be submitted identifying all property boundaries, structures (including sheds, garages, sidewalks, patios streets and adjoining alleys), and setbacks from property lines and adjacent structures. You must indicate adjoining streets and avenues as well as any private access to your property.

If you plan to place a sign on a building or property, a sign permit is required. It will be reviewed to insure that the sign complies with the City's Zoning Ordinance. When you submit the permit application an illustration with the dimensions, the design, and the proposed location of the sign must be included.

If the property is located in the historic district, the application may be required to be reviewed by the Historic Architectural Review Board and final approval given by York City Council. If you have questions concerning this please contact the Bureau of Permits, Planning and Zoning at (717) 849-2256

If you have any other questions, please contact
The Bureau of Permits, Planning & Zoning
(717) 849-2256
Business Entity Questionnaire

To comply with the Act of December 31, 1965, P.L. 1965 No. 511 and known as the "Local Tax Enabling Act", including amendments and the provisions mandated by Act 166 December 9, 2002 and the Tax Ordinances and Resolutions adopted by this Bureau's member taxing authorities, the following information is to be provided and ALL QUESTIONS ARE TO BE FULLY AND ACCURATELY ANSWERED by each employer or business entity operating within the taxing authorities which have appointed this bureau to collect taxes on their behalf.

All information received will be confidential.

This questionnaire must be signed by the proprietor, partner or corporate officer. Incomplete or unsigned forms will be returned. If subsequent reports, tax forms or checks will be signed by a person other than the proprietor, a partner or corporate officer named herein, attach power of attorney.

All businesses entities or organizations should notify the York Area Tax Bureau promptly of any change in status so that all records may be adjusted accordingly. Please advise us within thirty days, should the business be liquidated or sold. If sold give the name and address of new owners.

Pages one and two of this employer questionnaire are to be completed by each business entity.

The enclosed employer questionnaire is applicable to a business entity that operates within any of the member taxing authorities who are members of this Bureau and have appointed this Bureau as their collector of Local Compensation and Net Profit; or the Emergency Service Tax; or the Mercantile and Business Privilege Tax.

SPECIAL NOTICE

Each business entity located or operating within the geographic boundary of the City of York, of York County, must also complete page three of this employer questionnaire.

COMPLETE AND RETURN WITHIN 15 DAYS

YORK ADAMS TAXBUREAU
1415 N Duke St
PO Box 15627
York, PA 17405-0156
(717) 812-0759 Fax (717) 854-6376
www.yatb.com
info@yatb.com

January 2017
General Information

District Code (001)
School District of the City of York (016)
City of York EMST $52.00 and MBPT

Community Partnerships

York County Economic Alliance
144 Roosevelt Avenue
York, PA 17401
(717) 848-4000
www.ycea-pa.org

SUSQUEHANNA SCORE
2101 Pennsylvania Ave
York, PA 17401
York, PA 17404
717-845-8830
www.score.org

Downtown Inc.
2 East Market Street
York PA 17401
(717) 849-2331
www.downtownyorkpa.com

Timelines

All completed documents will be submitted at the same time along with $35.00 fee to Permits, Planning and Zoning (PP& Z) at 101 S George Street, 1st Floor, and York PA 17405-0509

It takes approximately **2 weeks** for the following documents to be approved:
- Proposal for Starting a New Business
- York Area Earned Income Tax Bureau Questionnaire
- Certificate of Use and Occupancy

**If additional information is needed by York-Adams Tax Bureau, it will contact the applicant**

Application for a General Food License (If Applicable)

Additional time may be needed to complete the health and sanitation inspection associated with a General Food License

January 2017
# Proposal for Starting a New Business

Please mail or return this proposal and the York Area Earned Income Tax Bureau Questionnaire to:

The City of York Bureau of Permits, Planning 7 Zoning, 101 S George St, 1st Floor, York, PA 17405-0509

Once your business is approved, and prior to operating, you can apply for the Certificate of Use & Occupancy, pay the application fee & schedule an inspection with the Bureau of Permits, Planning and Zoning (see above for address)

**Businesses classified as a Home Office will NOT be required to have a CO inspection; however, they much comply with Section 13404.10 Home Office of the City of York’s Zoning Ordinance prior to operating.**

<table>
<thead>
<tr>
<th>Exact address of proposed business:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Full Name:</td>
</tr>
<tr>
<td>Complete Mailing Address:</td>
</tr>
<tr>
<td>Are there any other businesses located at the same address?</td>
</tr>
<tr>
<td>[ ] YES  [ ] NO If yes please list.</td>
</tr>
<tr>
<td>Is this location your home? [ ] YES  [ ] NO</td>
</tr>
<tr>
<td>Proposed Use : Business Name:</td>
</tr>
<tr>
<td>Hours of Operation : Days Open:</td>
</tr>
<tr>
<td>Number of Off Street Parking spaces available: Number of Employees:</td>
</tr>
<tr>
<td>Description of Proposed Business ( give as much detail as possible)</td>
</tr>
</tbody>
</table>

**If known please supply the following information:**

Previous use of property:  
Previous Business name:  

Please allow approximately 2 weeks or a verbal and/or written reply from our office

BUREAU OF PERMITS, PLANNING & ZONING  
101 S George St, P.O. Box 509 York, PA 17405-0509  
(717) 849-2256

THERE IS A $35.00 NON-REFUNDABLE FEE DUE AT TIME OF SUBMISSION

January 2017
BUSINESS ENTITY QUESTIONNAIRE

1. Business Name_____________________________________________________

   Trade Name _______________________________________________________

   Mailing Address ___________________________________________________

2. Business officer, business owner, or employee within the above-named business that is primarily or solely responsible for filing quarterly tax return forms, annual reconciliation forms, the employer W-2 forms (withholding statements) and for payment (remittance) of the withheld local income tax, Emergency Service Tax, and/or the Mercantile Business Privilege Tax to this bureau on behalf of the above-named business entity.

   Name________________________________________  Title____________________________

   Business Phone_____________________________ ext. _____  Fax______________________

   Home Address_________________________________________________________________

   City________________________  State_________________  Zip Code_____________

   Home Phone________________________

3. Month and year your business started operation ________________________________

4. Quarter and year local income tax withholding started ____________________________

5. Federal Employer Identification Number ______ - __________________

6. Type of Entity: Association__ Proprietorship_____ Partnership__ Professional Corporation___

   Limited Liability Partnership___ Limited Liability Company___ S Corporation___

   Pennsylvania Corporation_____ Date of Incorporation____

   Foreign Corporation____ State of Incorporation____

   Date of Pennsylvania Certificate of Authority ________________________

7. York City address where business is physically located: (P.O. Box address is not acceptable). Attach separate listing if more than one location.

   Number and Street________________________

   City_________________________ State_________  Zip Code________

   If located in our area of tax collection authority, provide the name of the borough, city or township and school district in which the business or businesses are located:

   Borough, City or Township: CITY OF YORK  School District: YORK CITY

   From the enclosed listing of taxing authorities for whom this bureau collects the local income tax, indicate the 3-digit code which applies to the location stated in question number 7. 001
8. Principal type of business in which you are engaged. (Please provide a description with as much detail as possible.)

______________________________________________________________________________________________________

9. Name of the firm which will prepare your quarterly and annual tax returns, if an outside source is utilized.

Name__________________________________________________________________________________________________________

Address_______________________________________________________________________________________________________

City__________________________ State____________________    Zip Code__________________________

Phone________________________

10. Was this business acquired from a predecessor? Yes____No_____

If yes, predecessor's name __________________________________________

Account number utilized for reporting to this bureau________________________

Date which you acquired your predecessor’s business________________________

11. Number of Employees______________________________________________

12. To be answered by corporate employers: Provide the full name, social security number and home address of the officer(s) having primary responsibility, or overseeing the discharge of registering with the York Area Tax Bureau; deducting or withholding local income tax from employees’ compensation as defined in the act paying withheld tax to the bureau; filing returns, reconciliations or withholding statements as required by ordinance, resolution or statute.

Name_________________________________________________________ S.S. Acct. No.____________________

Address_______________________________________________________________________________________________________

13. To be answered by private corporate employers: Social security number, name, address and number of shares held by shareholders.

Social Security #    Name and Address    Number of Shares

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

(Attach a separate sheet if additional space is required)
I hereby certify that all information and statements are true and correct.

Date____________________________

Authorized Officer's name (printed) ________________________________

Authorized Officer's Signature____________________________________

Your business E-Mail address_______________________________________
CITY OF YORK, PENNSYLVANIA
Michael Ray Helfrich, Mayor

APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY

PLEASE READ CAREFULLY PRIOR TO COMPLETING THIS FORM
Inspections will be scheduled only after all work, if any is completed. This inspection is to ensure that the property meets the minimum requirements of all applicable codes. Under no circumstances may you occupy the premises prior to the issuance of a Certificate of Use and Occupancy. Plans, if any must be reviewed and approved and all required permits obtained prior to applying for the Certificate of Use and Occupancy.

THIS IS A NON-REFUNDABLE FEE
This fee includes one (1) inspection. There will be an additional fee charged for each re-inspection. All required fees must be paid prior to an inspection being scheduled. Inspections that are cancelled by the applicant with less than one (1) week notice shall count as one (1) inspection.
If any violations are found during the inspection a copy of the inspection report will be provided to you. A Certificate of Use and Occupancy will be issued only after all violations have been corrected and verified by re-inspection.
Please note that a Certificate of Use and Occupancy is evidence of compliance with all applicable codes and ordinances of the City of York, Pennsylvania at the time of inspection and should not be relied upon as a guaranty of the present condition of the property.

<table>
<thead>
<tr>
<th>Certificate of Use and Occupancy Inspection Fees</th>
<th>Certificate of Use and Occupancy Re-Inspection Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 2,000 sq. ft.</td>
<td>Up to 2,000 sq. ft.</td>
</tr>
<tr>
<td>$85</td>
<td>$50</td>
</tr>
<tr>
<td>2,001 to 4,999 sq. ft.</td>
<td>2,001 to 4,999 sq. ft.</td>
</tr>
<tr>
<td>$145</td>
<td>$75</td>
</tr>
<tr>
<td>5,000 to 10,000 sq. ft.</td>
<td>5,000 to 10,000 sq. ft.</td>
</tr>
<tr>
<td>$200</td>
<td>$100</td>
</tr>
<tr>
<td>Greater than 10,000 sq. ft.</td>
<td>Greater than 10,000 sq. ft.</td>
</tr>
<tr>
<td>$340</td>
<td>$125</td>
</tr>
<tr>
<td>Administrative fee</td>
<td></td>
</tr>
<tr>
<td>$35</td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS: ____________________________________________

STREET          CITY     STATE     ZIP CODE

BUSINESS NAME: ________________________________________

Y.A.T.B. ACCOUNT#: _____

PREVIOUS I.B.C. USE: ____________________________

PROPOSED I.B.C. USE: ____________________________

PERMIT NUMBER(S) IF ANY: ____________________________

TOTAL BUILDING SQ. FT: ____________________________

PERMIT HOLDER: ____________________________

WORK AREA SQ. FT: ____________________________

CONSTRUCTION TYPE: __________ OCCUPANT LOAD: ______

INSPECTION FEE: $ ___

OWNER: __________________________________________

PHONE: _________________________________________

OWNER’S ADDRESS: __________________________________

STREET          CITY     STATE     ZIP CODE

APPLICANT: ________________________________________

PHONE: _________________________________________

APPLICANT ADDRESS: __________________________________

CONTACT PERSON FOR INSPECTION: ______________________

PHONE: _________________________________________

BUILDING OWNER’S SIGNATURE _______________________

DATE: ____________________________

APPLICANT’S SIGNATURE _______________________

DATE: ____________________________

January 2017
Application for a
GENERAL FOOD LICENSE

Codified Ordinance of York City, Part Eleven - Health & Sanitation Code - Section 1105 Licensing, Subsection 1105.01 General Food License Required: No person, firm or corporation shall produce, transport, process, sell, dispose of or offer for sale as human food any milk or milk products, meat or meat products, fish or other foods and food products within the City without first obtaining a general food license therefore, in accordance with the provisions of this article and the food regulations of the Bureau of Health.

Please return this application by mail or in person to the address below. Checks and money orders must be made payable to "The City of York." This license is good only for the calendar year in which it was issued. The license fee is due on or before January 1 of all following years. Failure to pay for your annual license on or before January 1 may result in the Health & Sanitation Officer invoking the penalties provided for in Subsection 1105.99 of the Codified Ordinances of the City of York.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED

<table>
<thead>
<tr>
<th>BUSINESS NAME:</th>
<th>PHONE NUMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXACT BUSINESS ADDRESSS:</td>
<td></td>
</tr>
<tr>
<td>BUSINESS OWNER’S NAME:</td>
<td>PHONE NUMBER:</td>
</tr>
<tr>
<td>BUSINESS OWNER’S ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>NAME OF APPLICANT/RESPONSIBLE PARTY/CONTACT PERSON:</td>
<td>PHONE NUMBER:</td>
</tr>
<tr>
<td>APPLICANT/RESPONSIBLE PARTY/CONTACT PERSON’S ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>GENERAL FOOD LICENSE FEE:</td>
<td>$</td>
</tr>
<tr>
<td>GREASE INTERCEPTOR (TRAP) INSPECTION FEE</td>
<td>$70.00</td>
</tr>
<tr>
<td>TOTAL DUE $</td>
<td></td>
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</tbody>
</table>

Please contact the Health & Sanitation Officer at (717) 845-2124 for exact license fees.

If the business is no longer operating or if the agent/responsible party/contact person listed above changes at any time, the Health & Sanitation Officer must be notified in writing at the address below.

By signing this application, I hereby declare that I am a duly authorized agent of the above referenced business/establishment acting within the scope of my authority. I verify that the facts set forth in this application are true and correct. I understand that any false statements herein are subject to the penalties relating to unsworn falsification to authorities.

_________________________  ____________________
SIGNATURE OF APPLICANT/RESPONSIBLE PARTY/ CONTACT PERSON  DATE

BUREAU OF PERMITS, PLANNING AND ZONING
101 S George Street, P.O. Box 509, York, Pennsylvania 17405-0509

January 2017
Demographic Profile

1. Name of Business: ____________________________________________

2. Business Address: ____________________________________________

3. Number of Employees: ________________________________

4. Owner’s Name: ______________________________________________

5. Gender: _____ Female   ____ Male

6. Age:
   □ 18-24 years old   □ 55-64 years old
   □ 25-34 years old   □ 65-74 years old
   □ 35-44 years old   □ 75 years or older
   □ 45-54 years old

7. Education:
   □ Nursery school to 8th grade   □ Associates degree
   □ Some high school, no diploma   □ Bachelor’s degree
   □ High school graduate,   □ Master’s degree
   □ Some college credit, no degree   □ Professional degree
   □ Trade/technical/vocational training   □ Doctorate degree

8. Racial Identity/ How do you describe yourself? (please check the one option that best describes you)
   □ American Indian or Alaska Native   □ Black or African American
   □ Hawaiian or Other Pacific Islander   □ Hispanic or Latino
   □ Asian or Asian American   □ Non-Hispanic White

9. Are you disabled?   ____ Yes   ___ No

Submitting demographic information is voluntary.
You will suffer no adverse consequences if you choose not to submit it.