

# City of York

## Savvy City Start Up Packet

*Honorable Michael Ray Helfrich  
Mayor*



**Bureau of Permits Planning and Zoning  
101 South George Street  
P.O. Box 509  
York, PA 17405-0509**



# The City of York Pennsylvania

101 S George St, P.O. Box 509  
York, PA 17405-0509  
[www.yorkcity.org](http://www.yorkcity.org)

Honorable Michael Ray Helfrich, Mayor

Department of  
Economic &  
Community  
Development

Shilvosky Buffaloe  
Interim Director  
717-849-2264

Bureau of Permits,  
Planning and Zoning  
717-849-2256

York-Adams Tax  
Bureau  
717-854-8084

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



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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, spurring 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**

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

**Proposal for Starting a New Business**

- o In your proposal please be as specific as possible to ensure that your application is processed in a timely manner
- o 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 TAX BUREAU**  
1415 N Duke St  
PO Box 15627  
York, PA 17405-0156  
(717) 812-0759 Fax (717) 854-6376  
[www.yatb.com](http://www.yatb.com)  
[info@yatb.com](mailto:info@yatb.com)



## **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](http://www.ycea-pa.org)

**SUSQUEHANNA SCORE**  
2101 Pennsylvania Ave  
York, PA 17401  
York, PA 17404  
717-845-8830  
[www.score.org](http://www.score.org)

**Downtown Inc.**  
2 East Market Street  
York PA 17401  
(717) 849-2331  
[www.downtownyorkpa.com](http://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, 1<sup>st</sup> 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



**City of York, PA**  
Michael Ray Helfrich, Mayor

## 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, 1<sup>st</sup> 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 must comply with Section 13404.10 Home Office of the City of York's Zoning Ordinance prior to operating.**

Exact address of proposed business:

Your Full Name:

Complete Mailing Address:

Are there any other businesses located at the same address?  YES  NO      If yes please list.

Is this location your home?  YES  NO

Proposed Use :

Business Name:

Hours of Operation :

Days Open:

Number of **Off Street** Parking spaces available:

Number of Employees:

Description of Proposed Business ( give as much detail as possible)

**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**





**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** \_\_\_\_\_

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 with 2 main sections: Certificate of Use and Occupancy Inspection Fees and Certificate of Use and Occupancy Re-Inspection Fees. Each section contains a table with 2 columns: Area (e.g., Up to 2,000 sq. ft.) and Fee (\$85, \$145, \$200, \$340, \$35).

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:

PERMIT HOLDER:

TOTAL BUILDING SQ. FT:

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:

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**

**BUSINESS NAME:**

**PHONE NUMBER:**

**EXACT BUSINESS ADDRESS:**

**BUSINESS OWNER'S NAME:**

**PHONE NUMBER:**

**BUSINESS OWNER'S ADDRESS:**

**NAME OF APPLICANT/RESPONSIBLE PARTY/CONTACT PERSON:**

**PHONE NUMBER:**

**APPLICANT/RESPONSIBLE PARTY/CONTACT PERSON'S ADDRESS:**

**GENERAL FOOD LICENSE FEE:**

**\$ \_\_\_\_\_**

**GREASE INTERCEPTOR (TRAP) INSPECTION FEE**

**\$70.00**

**TOTAL DUE \_\_\_\_\_ \$**

*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



# Demographic Profile

1. **Name of Business:** \_\_\_\_\_
2. **Business Address:** \_\_\_\_\_
3. **Number of Employees:** \_\_\_\_\_
4. **Owner's Name:** \_\_\_\_\_
5. **Gender:** \_\_\_\_\_ Female    \_\_\_\_\_ Male
6. **Age:**

<input type="checkbox"/> 18-24 years old	<input type="checkbox"/> 55-64 years old
<input type="checkbox"/> 25-34 years old	<input type="checkbox"/> 65-74 years old
<input type="checkbox"/> 35-44 years old	<input type="checkbox"/> 75 years or older
<input type="checkbox"/> 45-54 years old	
7. **Education:**

<input type="checkbox"/> Nursery school to 8 <sup>th</sup> grade	<input type="checkbox"/> Associates degree
<input type="checkbox"/> Some high school, no diploma	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> High school graduate,	<input type="checkbox"/> Master's degree
<input type="checkbox"/> Some college credit, no degree	<input type="checkbox"/> Professional degree
<input type="checkbox"/> Trade/technical/vocational training	<input type="checkbox"/> Doctorate degree
8. **Racial Identity/ How do you describe yourself? (please check the one option that best describes you)**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hawaiian or Other Pacific Islander	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> 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.**

