



New Entrepreneur Smart Start-Up Packet

City of York, Pennsylvania

Mayor, C. Kim Bracey

50 West King Street
York, PA 17401
www.yorkcity.org
www.revyork.com



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The City of York Pennsylvania

1 Marketway West, 3rd Floor, York, PA 17401

www.yorkcity.org

Mayor, C. Kim Bracey

Bureau of Permits, Planning and Zoning

Permits, Planning and Zoning
717-849-2256

York-Adams Tax Bureau
717-854-8084

Department of Economic Development

Director
Kevin Schreiber
717-849-2203

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 **York City Business Start-Up Help Packet** will provide you with all of 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.

We also include a **York City Up and Running Exit Survey**, which we urge you complete after you are up and running. Your answers in our Exit Survey will assist us in ensuring high levels of service and professionalism. Welcome to the City of York – a Revolutionary place to do business!

Sincerely,

C. Kim Bracey

C. Kim Bracey

Mayor



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Dear Business Applicant and/or Owner:

Welcome! We value your business, and look forward to you opening the doors to your new, relocated, or expanded business in the City of York. Because we want to encourage you to open your business in York as quickly as you can, we have assembled this **Business Start-Up Help Packet**.

Like all municipalities in this county, the city has certain requirements, licenses, and other procedures with which new businesses must comply. Please complete and submit to the receptionist desk on the third floor of One Marketway West the following documents for approval before you open:

- Proposal for Starting a New Business
- York Area Earned Income Tax Bureau Questionnaire
- Certificate of Use & Occupancy Application
- Application for General Food License (if applicable)

York County and the state also may require that you obtain permits and/or licenses for certain types of businesses. Please see next page for information on how to contact the appropriate departments to obtain further information.

Any renovations or remodeling necessary to accommodate the business will need appropriate permits (e.g., building, electrical, plumbing, roofing, heating, ventilation, and air conditioning "HVAC"). Most building permits first require a blueprint, a signed and sealed drawing from a licensed design professional in Pennsylvania, to be submitted to One Marketway West. Our building inspectors review these blueprints, and they will be approved and stamped with a written list of additional requirements or denied with written reasons for denial within 30 business days of their receipt. Once you have met the requirements that are specified in the letter, a Certificate of Occupancy inspection will be scheduled. All businesses that seek to occupy a floor or floors in a building in the city must pass an on-site Certificate of Occupancy inspection prior to building occupation.

If you have any questions concerning the forms and/or information in this packet please contact the appropriate city department or employee, as noted on the left-hand margin. We are committed to providing you with timely, courteous, and informative customer service. As such, your points of contact will seek to return your phone calls received during the business week within 48 hours. Welcome!

Sincerely,

Kevin Schreiber
Director, Economic Development

General Information & Check List

**RETURN ALL COMPLETED FORMS AND/OR APPLICATIONS TO:
THE BUREAU OF PERMITS, PLANNING AND ZONING
1 MARKETWAY WEST, 3rd FLOOR
YORK, PA 17401.**

Important phone numbers:

York City Permits, Planning & Zoning	(717) 849-2256
PA Dept. of Revenue, York Office	(717) 845-6661
York Area Earned Income Tax Bureau	(717) 854-8084
City of York Zoning Officer	(717) 849-2240
City of York Health & Sanitation Officer	(717) 849-2341
City of York Bureau of Building & Permits	(717) 849-2256
Historic York	(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) 849-2240

York Area Earned Income Tax Questionnaire

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

**York Area Earned Income Tax Bureau
1415 North Duke Street
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.**

The Certificate of Use and Occupancy is not transferable between owners or properties. If you have any questions please do not hesitate to contact The Bureau of Permits, Planning & Zoning at (717) 849-2256.

City of York Health License

If you plan to produce, transport, process, or sell any food products (including snack foods) a City of York Health License is required. To obtain the license fill out the enclosed application. The initial health inspection is conducted at the time of your Certificate of Use and Occupancy inspection. An inspection will be conducted on a yearly basis following this inspection. **The Health License is not transferable between owners or properties.** If you have any questions please contact the Health & Sanitation Officer at 849-2341.

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 Building & Permits at 849-2256, or see the document, "Commercial Permit Plan Submission Requirements", at www.yorkcity.org – "Quick Hits" – "Permit Applications".

Permit Application

If you plan to do **any** work you will need to secure a permit. If you have any questions regarding the need for a permit, please the Bureau of Building & Permits at 849-2256, or see the document, "When Is A Permit Required", at www.yorkcity.org – "Quick Hits" – "Permit Applications".

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 Historic York at (717) 843-0320.

If you have any other questions please contact The Bureau of Permits & Health Licensing at (717) 849-2256

General Information

YORK ADAMS TAX BUREAU

District Code School District

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

WEBSITES

SCORE www.score.org
York Chamber of Commerce www.yorkchamber.com
Junior Chamber of Commerce

TIMELINES

- ❖ All completed documents will be submitted at the same time, along with a **\$25.00** fee to Permits, Planning and Zoning (PP&Z) at 1 Marketway West, 3rd Floor

Proposal for Starting a New Business

York Area Earned Income Tax Bureau Questionnaire

Certificate of Use and Occupancy

- ❖ Approval of the 3 documents above will average approximately 2 weeks
- ❖ If additional information is needed by the York-Adams Tax Bureau, it will contact the applicant

Application for General Food License (If Applicable)

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

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 email: info@yatb.com

BUSINESS ENTITY QUESTIONNAIRE

COMPLETE AND RETURN WITHIN 15 DAYS

To comply with the Act of December 31, 1965 P.L. 1257 No. 511 and known as the "Local Tax Enabling Act", including amendments and the provisions mandated by Act 166 of 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.



CITY OF YORK, PA
C. Kim Bracey, Mayor

Proposal for Starting a New Business

Please mail or return this proposal & the York Area Earned Income Tax Bureau Questionnaire to: The City of York, Bureau of Permits, Planning & Zoning, 1 West Market Street, 3rd Floor, York, Pa 17401.

Once your business is approved, and prior to operating, you submit an application for a **Certificate of Use & Occupancy**, pay the application fee & schedule an inspection with the Bureau of Permits, Planning & 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 1304.10 Home Office of the City of York's Zoning Ordinance prior to operating.

Exact address of proposed business:

Are there any other business 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 information:

Previous use of property:

Previous Business name:

Your name and Phone number

Complete Mailing Address

Thank you.

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

BUREAU OF PERMITS, PLANNING & ZONING
1 West Market Street · 3rd Floor · York, PA 17401-1231 · (717) 849-2256

BUSINESS ENTITY QUESTIONNAIRE

1. Business Name _____

Trade Name _____

Mailing Address (Number And Street) _____

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 (Number And Street) _____

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____

Foundation____ Other (Specify)_____

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: (**PO 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.)

BUSINESS ENTITY QUESTIONNAIRE

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 _____

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
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(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 (optional) _____



PLEASE READ BEFORE COMPLETING FORM

Inspections will be scheduled only after all work, if any is completed. This inspection is to assure that the property meets minimum code standards. Under no circumstances may you occupy the premises prior to the issuance of a Certificate of Use & Occupancy. All Plans must be reviewed and approved prior to obtaining this certificate. All permits must be obtained prior to obtaining this certificate.

***** THIS IS A NON-REFUNDABLE FEE*****

This fee includes one (1) inspection. There will be an additional fee for each additional re-inspection. All appropriate fees must be paid prior to scheduling any of these inspections. Inspections cancelled by the applicant with less than one-week notice will count as one (1) inspection.

Should any violations be found to exist, a copy of the inspection report will be provided, and allowing 30 days to correct them. A Certificate of Use & Occupancy will be issued only after any and all violations are corrected and verified.

Please note that a Certificate of Use & Occupancy is not to be relied upon by any person as a guarantee of the present condition of the property. A Certificate of Use & Occupancy is evidence of compliance with all applicable codes of The City of York's Fire Prevention Bureau and the Bureau of Permits, Planning and Zoning at the time issuance.

Inspection Fee(s)	Square Footage		
Buildings up to 2,000 sq. ft. (original inspection)	\$85.00	Additional re-inspections	\$50.00
2,001-5,000 sq. ft. (original inspection)	\$145.00	Additional re-inspections	\$75.00
	\$35.00	Administration Fee (payable at time of submission for issuance of Certificate of Use and Occupancy)	

Property street address _____
Street City State Zip

Owner's Name _____ Phone Number _____

Owner's Address _____
Street City State Zip

Applicant's Name _____ Phone Number _____

Applicant's Address _____
Street City State Zip

Previous Use _____ Proposed Use _____

Business Name _____ YATB Account Number _____

Contact Person for Inspection _____ Phone Number _____

Applicant's Signature _____ Date _____

Property Owner's Signature _____ Date _____

Permit #'s and Name of Permit Holder _____

Occupant Load (if known) _____ Use Group _____ Construction Type _____

FOR OFFICE USE ONLY						
DISTRICT _____	WARD _____	BLOCK _____	MAP _____	PARCEL _____	MINOR _____	LH _____
PROPOSED USE _____			VERIFIED BY _____		DATE _____	