



City of Philadelphia · Department of Licenses and Inspections
SPECIAL ASSEMBLY OCCUPANCY LICENSE INSTRUCTIONS

Please note:

- A) An application cannot be submitted if previous Special Assembly Occupancy License at the proposed location has been revoked or inactivated for a period of less than three months.
- B) Within five days of filing an application for a Special Assembly Occupancy License, the applicant shall post a notice of application provided by License Issuance on the exterior of each street frontage of the proposed licensed location for a period of thirty days
- C) No license shall be issued or renewed if the licensee is delinquent in the filing or payment of City Taxes.

Most questions on the license form are self-explanatory. The questions that need explanations are listed below. The numbers match the corresponding numbers on the application form. Please be sure to fill in all the required information. Your application will not be processed if required information is missing.

9. **Philadelphia Business Income and Receipts Tax Number**: This is a number assigned by the Philadelphia Revenue Department to identify tax accounts. One tax account number is used for all of your City licenses, if under the same Business entity name and tax account number. If you do not have a tax account number, please go to www.phila.gov/revenue and fill out an application for a Philadelphia Business Tax Account Number. Any tax accounts previously opened for you which are unsettled or delinquent will cause a delay and may preclude the issuance of new licenses.

10. **Philadelphia Commercial Activity License (CAL) Number**: This license is required of every person or business desiring to engage in any business within the City of Philadelphia. The Commercial Activity License is a lifetime license (free) and you can be used for all of your business operating within the City.

14. **Lawful Occupancy (LO)Number**: The L.O. is the number of patrons allowed in the licensed location at any one time. Please bring proof of your L.O. number at the time of application.

16. **Additional Requirements**: The application will not be accepted without proof of zoning approval, a copy of the Certificate of Occupancy (C.O.), A copy of LO, a criminal background check from City of Philadelphia (City Hall, Room 167) and a Tax Clearance memo provided by the Law Department at 1401 J.F.K. Blvd., 5th Floor.

After submission of the application, the Customer Care Unit of the Department of Licenses and Inspections will re-route your application to the various units whose approvals are needed prior to the issuance of the license.

**Special Assembly Occupancy
License Application**

For further information call (215) 686-8686.

USE A SINGLE CHECK FOR ALL FEES, PAYABLE TO
"CITY OF PHILADELPHIA"

1. Name of Owner/Operator		2. Business Name	
3. Location of Licensed Activity		City	State
			Zip Code
4. Mailing Address (P.O. Box not acceptable)		City	State
			Zip Code
5. Owner/Operator Daytime Phone No.	6. Owner/Operator Evening Phone No.	7. Owner/Operator Fax No.	8. Owner/Operator E-mail Address
9. Business Income & Receipts Tax No.	10. Commercial Activity License Number	11. Date Activity Started at Property	12. Food License Number
13. Amusement License No.	14. Lawful Occupancy No.	15. Contact Person	

16. Pre-requisite Requirements

Application will not be accepted without:

- a) Proof of Zoning
- b) Copy of Certificate of Occupancy
- c) Copy of Lawful Occupancy Sign
- d) Criminal Background Check (City of Philadelphia)
- e) Tax Clearance Memos
 - 1401 J.F.K. Blvd., 5th fl - Law Department
 - 1401 J.F.K. Blvd., Concourse - Revenue Department

17. License Type	Fee	Revenue Code	License Number
<input type="checkbox"/> Special Assembly Occupancy	\$207.00	3006	
\$20.00 non-refundable application fee applies to all licenses - balance to be paid after notice of approval is received (Special Assembly)			
<input type="checkbox"/> Amusement License	\$50.00	3001	

18. Owner, Corporation and Partnership (list minimum of three principals if corporation).

NAME / TITLE	SSN / DATE OF BIRTH	HOME ADDRESS (include city, state, zip, and telephone number)

19. Owner / Operator Certification

I certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any licenses issued as a result of my false application and such other penalties as may be prescribed by law.

Owner / Operator's Signature _____ Date _____

20.

FOR OFFICE USE ONLY

Remarks:

REVIEWED BY	EMPLOYEE NUMBER
DATE	AUDIT

APPROVED

REFUSED