



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

PROCEDURES FOR STARTING A NEW BUSINESS

1. Check with the City of Scranton Zoning Office to determine if said business/ use is permitted in a specific zone. If the use is not permitted, then approval from the *City of Scranton Zoning board* may be required. City of Scranton Zoning officer is at 570-348-4193 x4512 or x4280
2. All new businesses must register with the *Single Tax Office* located at the former Globe Store, 123 Wyoming Ave Scranton, PA 18503 or contact their office at 570-963-6756
3. Applicant must fill out the City of Scranton Certificate of Occupancy application along with business license application in its entirety. Hand in the application to City of Scranton Licensing Department or via email lpiaf@scrantonpa.gov and then schedule a general building inspection of the property. The fee is \$350.00 for new business or \$50.00 for new owner of same business. This is inclusive of an initial and final inspection and the issuance of a certificate of occupancy. It is non-refundable and payments are due prior to inspection being performed. We accept Credit card, Debit card, check or money order payments.
 - a. *Inspections are performed Monday, Wednesday and Friday 9am, 10am, 11am, 1pm or 2pm*
4. The inspectors will meet on site of the requested building inspection. Upon completion, the inspector will issue an inspection report with violations (if any) noted and a time frame in which the violations shall be remedied.
 - a. *If noted violations are found, you must use licensed Contractors in the City of Scranton to obtain necessary permits to perform the work.*
 - b. *Contractors and/or business operators are responsible from contacting the appropriate inspectors to have their rough-in and final inspections performed*
5. For business erecting a sign, check with the City of Scranton Permits office to determine whether a permit is needed. Most signs require both a zoning permit and building permit. *Signs are to be installed by a licensed contractor in the City of Scranton.*
6. Once your final inspection passes, a Certificate of Occupancy shall be issued by the Building Code Official. *Please note, no building, structure or space shall be used or occupied without first having received a Certificate of Occupancy by the Building Code Official*
7. **Food and Drink Related:** For prospective eating and drinking establishments, in addition to the above listed requirements, you are required to obtain an *Eating and Drinking/ Health License*. You need to acquire an application for an eating and drinking license. The application is to be completed in full and accompanied with a fee. Fee to be determine based on use and number
8. **Food and Drink Related:** Before the issuance of *Eating and Drinking/ Health License*, the food/drink establishment must pass a final health inspection. The inspection process will fall in line with step 2 of said procedures. A Health license will not be issued until the issuance of a Certificate of Occupancy by the Building Code Official. The health inspector can be reached at 570-348-4193 x 4522 during normal business hours Monday through Friday 8am-4pm



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APPLICATION FOR BUSINESS LICENSE

Please fill out and return to City of Scranton to Schedule Initial Inspection

Address of Building/ Business: _____

Map ID/ Pin Number of Property: _____

OWNER OF BUILDING INFORMATION:

Property Owner/ Landlord Name: _____

Authorized Agent (*If owner is listed under a fictitious name*): _____

Address: _____

Phone Number: _____ Email: _____

BUSINESS OWNER INFORMATION:

Business Owner/Operator/Agent: _____

Address: _____

Contact Number: _____ Email: _____

BUSINESS INFORMATION:

Type of Business: _____

Please note, if this is a Food Facility, Hair Salon, Barber Shop, Nail Salon, car lot, additional information might be required

Business Name _____

➤ *The applicant must provide proof the application is being made by an authorized corporate officer of a Corporation/Company or authorized partner of a Partnership, LP or LLP.*

Federal Tax ID Number: _____ Single Tax Office Account Number: _____

Prior Use of Property: _____ Last Occupied (*Month and Year*): _____

Second Hand Deal: _____ Does your Facility have a Scale: _____

Will you be having a Sign Installed advertising your business: _____

EMPLOYEE INFORMATION



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Number of Anticipated Employees _____

Do you have an employee Health Policy? _____

(An employee Health Policy establishes how to handle ill employees)

If NO, prior to opening, an employee Health Policy must be established, wither in writing or verbal and presented to every employee of the establishment.

FACILITY SERVICE INFORMATION

DAYS OF OPERATION AND HOURS

___ Monday	Time _____	___ Friday	Time _____
___ Tuesday	Time _____	___ Saturday	Time _____
___ Wednesday	Time _____	___ Sunday	Time _____
___ Thursday	Time _____		

REFUSE: *(Complete fully, if not Applicable put NA on Line)*

The Refuse Collector is _____

Pest Control Company _____

ADDITIONAL INFORMATION REQUIRED

If this is a Hair Salon/Barber Shop, Tattoo Parlor, Tabaco Store/ Smoke Shop, Nail Salon, Massage Parlor, car sales/repairs/detailing, you will need to provide documents from the State showing proper licensing prior to issue of Certificate of occupancy, it will not hold up scheduling inspection on properties.

FACILITY OPENING

An anticipated date of opening: _____

For official Use only

Date of Initial Inspection: _____

Is this a Food Facility? _____ **Do they have a Health License on File?** _____

Date of Final Inspection: _____

Permits taken out: _____ **Permits closed out?** _____ **Cert of App ok to Issue** _____



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APPLICATION FOR CERTIFICATE OF OCCUPANCY

Fee: New Business \$350.00 New owner/ Change or Hands \$50.00

Address of Building/ Business: _____

Map ID/ Pin Number of Property: _____

Date of Initial Inspection: _____ **Date of Final Inspection:** _____

OWNER OF BUILDING INFORMATION:

Property Owner: _____

Authorized Agent (*If owner is listed under a fictitious name*): _____

(Official proof is required)

Address: _____

Phone Number: _____ Email: _____

BUSINESS INFORMATION:

Intended Use of Property/ Space: _____

Prior Use of Property: _____

When was Space Last Occupied (*Month and Year*): _____

BUSINESS OWNER INFORMATION:

Business Name (*If applicable*): _____

Federal Tax ID Number: _____ Single Tax Office Account Number: _____

Business Owner/Operator/Agent: _____

Address: _____

Contact Number: _____ Email: _____

INFORMATION:

Who to contact when the Certificate of Occupancy is ready: _____

Applicant's Signature

Date Submitted