

**For City Use Only:**

<b>Customer #</b>	<b>CRIZ #</b>	<b>Property #:</b>
-------------------	---------------	--------------------

**CITY OF LANCASTER  
BUSINESS REGISTRATION FORM**

**GENERAL INSTRUCTIONS:** Complete all sections of the form, answering all questions in full. ***All registrants must complete Sections A & D. Only properties and businesses located in the CRIZ MUST complete CRIZ Section B & C.*** Mail completed form and \$35 check payable to the City of Lancaster, Attn: Bureau of Property Maintenance and Housing Inspections, 120 North Duke Street, Lancaster, PA 17602. Any questions, please call 717-291-4824. Additional copies of the form are available upon request and on-line at [www.cityoflanasterpa.com](http://www.cityoflanasterpa.com)

**SECTION A:** This section must be completed for an incorporated business or by persons who are self-employed and by each Partner of an unincorporated business.

Legal Name (Doing Business As):		Federal EIN (If you are in the CRIZ, and you do not have an EIN, please provide your Social Security Number)		
Sole Proprietor or Partner Name		Business Web Address		
Physical Address of Business (Do Not Use PO Box)	City	State	Zip Code	Business Phone
Mailing Address for all Business-Related Forms	Contact Person		E-mail Address (Required)	
	Street or PO Box	City	State	Zip Code
<b>Indicate Type of Entity:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other	<b>Nature of Business: (Detailed Description)</b>			

**LIST PRINCIPAL OWNERS, PARTNERS OR OFFICERS**

Name & Title	Home Address	Social Security Number	Home Phone

**Date Business Incorporated:** \_\_\_\_\_ **State of Incorporation:** \_\_\_\_\_

**No. of employees (if Sole Proprietor, do not include yourself in this number):** \_\_\_\_\_

**SECTION B:** This section **MUST BE** completed for **CRIZ** businesses operating in the City of Lancaster

<b>Company Finance Department Contact</b>	<b>Name:</b>	<b>Telephone Number:</b>
	<b>Address:</b>	<b>E-mail Address:</b>
	<b>City:</b>	<b>State:</b> _____ <b>Zip Code:</b> _____

**SECTION C: CRIZ ACTIVITY**

The City Revitalization & Improvement Zone or CRIZ was created by state law in 2013. The CRIZ is a special district that encourages development and revitalization in certain sized communities such as Lancaster. The CRIZ in Lancaster consists of approximately 130 acres in downtown Lancaster and in selected areas in the remaining parts of the city. Under the law, certain state and local tax revenue generated by businesses in the CRIZ can be used to pay debt on bonds and loans that are issued for qualified capital improvements in the zone.

Is your property/building and/or business located within the CRIZ? (You can confirm whether you are in the CRIZ or working on a CRIZ project by going to this website and entering your address: (<http://www.cityoflanasterpa.com/business/criz>). Click on CRIZ Map at the bottom of the page.

YES     NO

If you answered YES and are a property/building owner and/or a business working within the CRIZ, you MUST complete Section C in its entirety. If the answer is No, please skip to Section D.

**Type of CRIZ Activity**

Owner of Property or Building

Business Tenant (own or lease)

List all non-CRIZ and CRIZ locations where this business currently operates in PA. (Add additional sheet if necessary)

Street Address	City	State	Zip Code

**Complete this section only for CRIZ businesses operating in the City of Lancaster**

<b>Tax Preparer Information</b>	<b>Name:</b>		<b>Telephone Number:</b>	
	<b>Address:</b>		<b>E-mail Address:</b>	
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Principle Bank Information</b>	<b>Name:</b>		<b>Telephone Number:</b>	
	<b>Address:</b>		<b>E-mail Address:</b>	
	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	

**Section D:** I hereby certify that the above information and statements are true and correct. I also understand that it is my responsibility to notify the City of Lancaster in writing or on forms designated by the City, if any of the information changes or if my business closes.

<b>Signature</b>	<b>Date</b>
<b>Printed Name</b>	<b>Phone Number</b>
<b>Title</b>	<b>E-mail Address</b>

Please Note: If you are a NON-Profit Organization, the City requires a copy of your 501C (IRS non-profit letter) with submission of this form.