



**THE BOROUGH OF BEAVER**  
Application For  
**2026 COMMERCIAL TENANT PERMIT**  
469 Third Street, Beaver, PA 15009  
[www.beaverpa.us](http://www.beaverpa.us)  
Phone: 724-773-6700 Fax: 724-773-6711  
[beaverborough@comcast.net](mailto:beaverborough@comcast.net)

A Tenant is a person who occupies land or property rented from a landlord. A tenant is a person, business, group, etc. that pays to use another person's property. Note: Even if the business remains the same but has taken new ownership, a new commercial tenant permit must be filed.

Today's date: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

**Tenant Information:**

Business Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Owner's Name(s): \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check all that apply:  Retail  Services  Food Served/Sold  Other \_\_\_\_\_

Description of products/food/services/other (Use additional sheets if needed):  
\_\_\_\_\_  
\_\_\_\_\_

If food is served or sold an additional health license and inspection will be required. Seek additional health application.

Proposed Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

You may need additional permits for the following. Check all that apply:

Change of Use  Interior Renovations  New Sign  Health License  Other \_\_\_\_\_

Present/Prior use of property: \_\_\_\_\_ Date of lease: \_\_\_\_\_

Federal EIN or Social Security #: \_\_\_\_\_ Berkheimer Acct #: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Alarm Company Information: \_\_\_\_\_

**Property Owner Information:**

Owner's Name(s): \_\_\_\_\_

Owner's address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

# The Borough of Beaver Commercial Tenant Agreement

\*\*\* This form must be signed by the property owner (Landlord) and the Tenant (Business Owner)\*\*\*

In consideration of the issuance by the Borough of Beaver of a Tenant Permit to the Tenant (Business Owner), the Tenant acknowledges that the employees of the Borough in reviewing the application and the issuing of a permit are only performing their duties to ensure compliance with the minimum requirements of the Borough's current Commercial Tenant policy.

Note: A motion by the Borough Council each year establishes the schedule of Borough fees. These fees are authorized and enforced by the following ordinance.

## §5-108 Fees [Ord. 698, 5/11/1999,1]

1. The Council shall establish, by motion or resolution, a "Schedule of Fees" for permits and applications.
2. No permit shall be issued and no other requested action shall be taken until the prescribed fee therefore has been paid in full.

Note: No business shall operate unless they have received an approved Tenant Permit from the Borough of Beaver. The following ordinance authorizes the enforcement of penalties.

## §5-205 Ticketing Authorization [Ord. 817, 2/9/2016,1]

1. Whenever it appears to the Code Enforcement Officer that a Code violation exists, such officer may, in her/his discretion, issue a violation ticket to the person(s) believed to be responsible.

Note: A motion by the Borough Council enacted a Business Privilege Tax

## §24-703 Imposition and Rate of Tax [Ord. 608, 12/29/1979, §2]

Every person engaged in any business in the Borough, beginning with the calendar year 1987, and thereafter, shall pay a tax at a rate of 5 1/2 mills on each dollar of volume of the gross receipts of that business, except that the gross volume of wholesale business transacted by wholesale dealers in goods, wares and merchandise is taxable at the rate of one mill as set forth in Section 8 of the above Act of December 31, 1965, P.L. 1257, as amended.

**2026 Tenant Fee: \$200.00 - TENANT FEE IS NON-REFUNDABLE**

Date Paid: \_\_\_\_\_  Cash  Check #\_\_\_\_\_

I attest that all information in this application is true and correct. I hereby agree that I will comply with all applicable provisions of the borough.

\_\_\_\_\_  
Tenant Printed Name

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Printed Name

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
\_\_\_\_\_  
 Approved  Denied Date: \_\_\_\_\_

Zoning Officer Signature

Reason for Denial: \_\_\_\_\_

Approval is subject to the conditions noted: \_\_\_\_\_

-911 Notified: \_\_\_\_\_

- Health License: \_\_\_\_\_

- Berkheimer Confirmed: \_\_\_\_\_

- Change of Use: \_\_\_\_\_

- Additional Permits: \_\_\_\_\_

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_



## EMPLOYER REGISTRATION

### Local Earned Income Tax Withholding

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting your Tax Officer.

#### EMPLOYER INFORMATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

MAIN CORPORATE/BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR)

SECOND LINE OF ADDRESS

CITY OR POST OFFICE	STATE	ZIP
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EMPLOYER BUSINESS LOCATION - STREET ADDRESS WITHIN PA (if same as above, leave blank. No PO Box, RD or RR)

SECOND LINE OF ADDRESS

CITY OR POST OFFICE	STATE	ZIP
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MUNICIPAL TAXING AUTHORITY (City, Borough or Township) IN WHICH FACILITY OR BUSINESS IS LOCATED

COUNTY	BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER
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EMPLOYER PA BUSINESS LOCATION PSD CODE	FEDERAL EIN OR SOCIAL SECURITY #
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_____	_____
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#### ORGANIZATION

TYPE OF ORGANIZATION

<input type="checkbox"/> LLC	<input type="checkbox"/> Individual Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Corporation
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PRIMARY NATURE/OPERATION OF BUSINESS

DATE OF INCORPORATION (MM/DD/YYYY)	DATE OPERATION BEGAN AT THIS LOCATION (MM/DD/YYYY)
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#### ACCOUNTING INFORMATION

Does your organization have multiple site locations within Pennsylvania? .....  Yes  No

Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District? .....  Yes  No

If YES, please insert 2-digit code for Tax Collection District Selected (choose from list on reverse side) .....

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)

TITLE

PRIMARY CONTACT PHONE NUMBER	PRIMARY CONTACT EMAIL ADDRESS
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SIGNATURE OF PRIMARY CONTACT INDIVIDUAL	DATE (MM/DD/YYYY)
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<b>TCD Code</b>	<b>Tax Collection District</b>	<b>TCD Code</b>	<b>Tax Collection District</b>
01	ADAMS TAX COLLECTION DISTRICT	32	INDIANA TAX COLLECTION DISTRICT
70	ALLEGHENY CENTRAL TAX COLLECTION DISTRICT	33	JEFFERSON TAX COLLECTION DISTRICT
71	ALLEGHENY NORTH TAX COLLECTION DISTRICT	34	JUNIATA TAX COLLECTION DISTRICT
72	ALLEGHENY SOUTHEAST TAX COLLECTION DISTRICT	35	LACKAWANNA TAX COLLECTION DISTRICT
73	ALLEGHENY SOUTHWEST TAX COLLECTION DISTRICT	36	LANCASTER TAX COLLECTION DISTRICT
03	ARMSTRONG TAX COLLECTION DISTRICT	37	LAWRENCE TAX COLLECTION DISTRICT
04	BEAVER TAX COLLECTION DISTRICT	38	LEBANON TAX COLLECTION DISTRICT
05	BEDFORD TAX COLLECTION DISTRICT	39	LEHIGH TAX COLLECTION DISTRICT
06	BERKS TAX COLLECTION DISTRICT	40	LUZERNE TAX COLLECTION DISTRICT
07	BLAIR TAX COLLECTION DISTRICT	41	LYCOMING TAX COLLECTION DISTRICT
08	BRADFORD TAX COLLECTION DISTRICT	42	MCKEAN TAX COLLECTION DISTRICT
09	BUCKS TAX COLLECTION DISTRICT	43	MERCER TAX COLLECTION DISTRICT
10	BUTLER TAX COLLECTION DISTRICT	44	MIFFLIN TAX COLLECTION DISTRICT
11	CAMBRIA TAX COLLECTION DISTRICT	45	MONROE TAX COLLECTION DISTRICT
12	CAMERON TAX COLLECTION DISTRICT	46	MONTGOMERY TAX COLLECTION DISTRICT
13	CARBON TAX COLLECTION DISTRICT	47	MONTOUR TAX COLLECTION DISTRICT
14	CENTRE TAX COLLECTION DISTRICT	48	NORTHAMPTON TAX COLLECTION DISTRICT
15	CHESTER TAX COLLECTION DISTRICT	49	NORTHUMBERLAND TAX COLLECTION DISTRICT
16	CLARION TAX COLLECTION DISTRICT	50	PERRY TAX COLLECTION DISTRICT
17	CLEARFIELD TAX COLLECTION DISTRICT	51	PHILADELPHIA TAX COLLECTION DISTRICT
18	CLINTON TAX COLLECTIO DISTRICT	52	PIKE TAX COLLECTION DISTRICT
19	COLUMBIA TAX COLLECTION DISTRICT	53	POTTER TAX COLLECTION DISTRICT
20	CRAWFORD TAX COLLECTION DISTRICT	54	SCHUYLKILL TAX COLLECTION DISTRICT
21	CUMBERLAND TAX COLLECTION DISTRICT	55	SNYDER TAX COLLECTION DISTRICT
22	DAUPHIN TAX COLLECTION DISTRICT	56	SOMERSET TAX COLLECTION DISTRICT
23	DELAWARE TAX COLLECTION DISTRICT	57	SULLIVAN TAX COLLECTION DISTRICT
24	ELK TAX COLLECTION DISTRICT	58	SUSQUEHANNA TAX COLLECTION DISTRICT
25	ERIE TAX COLLECTION DISTRICT	59	TIOGA TAX COLLECTION DISTRICT
26	FAYETTE TAX COLLECTION DISTRICT	60	UNION TAX COLLECTION DISTRICT
27	FOREST TAX COLLECTION DISTRICT	61	VENANGO TAX COLLECTION DISTRICT
28	FRANKLIN TAX COLLECTION DISTRICT	62	WARREN TAX COLLECTION DISTRICT
29	FULTON TAX COLLECTION DISTRICT	63	WASHINGTON TAX COLLECTION DISTRICT
30	GREENE TAX COLLECTION DISTRICT	64	WAYNE TAX COLLECTION DISTRICT
31	HUNTINGDON TAX COLLECTION DISTRICT	65	WESTMORELAND TAX COLLECTION DISTRICT
		66	WYOMING TAX COLLECTION DISTRICT
		67	YORK TAX COLLECTION DISTRICT