



**UNIVERSITY AREA JOINT AUTHORITY**

1576 Spring Valley Road  
State College, PA 16801

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

Acct # \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**YEARLY REPORT TO DETERMINE AND /OR VERIFY EDU ASSIGNMENT FOR YOUR BUSINESS**

**(Please only fill out each section that pertains to your business)**

**ALL BUSINESSES:**

1. Number of Full-Time Employees: \_\_\_\_\_
2. Number of Part-Time Employees: \_\_\_\_\_
3. Are Showers provided for Employees: \_\_\_\_\_

**\*DO NOT INCLUDE EMPLOYEES WHO ARE OFF SITE ALL DAY\***

**Beauty Shop:**

How many salon chairs \_\_\_\_\_

**RESTAURANTS, CLUBS, TAVERNS AND TAKE-OUT EATING ESTABLISHMENTS:**

1. Seating Capacity: \_\_\_\_\_

**RETAIL FOOD MARKETS:**

1. Number of Food preparation areas (ex. bakery, deli, seafood): \_\_\_\_\_
2. Do you have a pharmacy? \_\_\_\_\_ Does your staff operate it? \_\_\_\_\_
3. Do you have a photo lab? \_\_\_\_\_ Does your staff operate it? \_\_\_\_\_
4. Do you have a bank? \_\_\_\_\_ Does your staff operate it? \_\_\_\_\_
5. Do you have any Café seating? \_\_\_\_\_ How many seats? \_\_\_\_\_

**HOTELS / MOTELS /HOSPITAL/ INN / BED & BREAKFAST:**

1. Number of rooms? \_\_\_\_\_
2. Number of beds? \_\_\_\_\_
3. Number of Seats for Conf. Room \_\_\_\_\_

**SERVICE STATIONS, AUTOMOBILE REPAIR GARAGE OR CAR WASH:**

1. Number of Service Bays: \_\_\_\_\_ How many service bays connected to sewer? \_\_\_\_\_

**SCHOOLS AND CHURCH WITH DAYCARE:**

1. Number of Students and Staff: \_\_\_\_\_

