



UNIVERSITY AREA JOINT AUTHORITY

1576 Spring Valley Road
State College, PA 16801

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

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

Name of Business: _____
Address of Business: _____
Type of Business: _____

Date Prepared: _____
Prepared by: _____

ALL BUSINESSES:

1. Number of Full-Time Employees: _____
2. Number of Part-Time Employees: _____
3. Number of Working days in Quarter: _____
4. Are Showers provided for Employees: _____

Beauty Shop:

How many salon chairs _____

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

1. Seating Capacity: _____
2. If you have a Garbage Grinder, is it ¾ Horsepower or greater? _____

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? _____

SERVICE STATIONS, AUTOMOBILE REPAIR GARAGE OR CAR WASH:

1. Number of Service Bays: _____ How many bays are connected? _____

SCHOOLS:

1. Number of Students and Staff: _____

If you have tenants in your building, do you have any changes? If so, please list name, suite number, room number, or any identifying agent for this property.

Name and phone number of person to contact if we have any questions. _____

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Name and phone number of person to contact if we have any questions. _____

All reports must be submitted by April 10th.