

Office Use Only

Treasurer's Copy

Office Use Only

Date Rec. \_\_\_\_\_

CITY OF WASHINGTON, PA

License:

No. \_\_\_\_\_

Amt. \_\_\_\_\_

APPLICATION FOR BUSINESS PRIVILEGE LICENSE

Account:

No. \_\_\_\_\_

Type \_\_\_\_\_

FEE \$100.00

Fill In All Spaces Carefully and Type or Print Plainly

Payable to: City Treasurer, L. Anthony Spossey  
City of Washington  
55 W. Maiden St  
Washington, PA 15301

\_\_\_\_\_  
DATE OF APPLICATION

Application is hereby made for Business Privilege License as required by City Ordinance No. 847, based on Act 481 of the General Assembly, approved June 25, 1947.

1. Business Name \_\_\_\_\_

2. Business Address \_\_\_\_\_

Street City State Zip

3. Home Address \_\_\_\_\_

Street City State Zip

4. If business is conducted by you individually or by partnership under a fictitious name, give names of true owners and date of registration of business under Fictitious Name Act, and trade Name of Business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Starting Business

Kind of Business

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Approved Zoning Officer

\_\_\_\_\_  
Signature of person making application

\_\_\_\_\_ Approved Fire Chief

\_\_\_\_\_  
Title of person making application

FEDERAL ID NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_