

Office Use Only

Treasurer's Copy

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Date Rec. _____

CITY OF WASHINGTON, PA

License:

No. _____

Amt. _____

APPLICATION FOR MERCANTILE LICENSE

Account:

No. _____

Type _____

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 Mercantile License as required by City Ordinance No. 593, 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. Check whether business is: Retail \$25.00 _____ Wholesale \$50.00 _____ Retail & Wholesale \$68.00 _____

5. 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 _____