Office Use Only

Date Rec._____

Amt._____

Treasurer's Copy

CITY OF WASHINGTON, PA

APPLICATION FOR MERCANTILE LICENSE

Office Use Only
License #_____

Account #_____

Type_____

Fill In All Spaces Carefully and Type or Print Plainly

Payable to: City Treasurer, Dennis L. Adams
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. **Corp/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 of 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 Within city proper

_____

Kind of Business

_____

_____Approved Zoning Officer

_____
Signature of person making application

_____Approved Fire Chief

_____
Title of person making application

FEDERAL ID NUMBER_____ BUSINESS PHONE_____