



# City Treasurer's Office City of Washington, PA



## Application For Mercantile License

Fill In All Spaces Carefully and Type or Print Plainly

**Make Checks Payable to:** City Treasurer, Dennis L. Adams  
City of Washington  
55 W. Maiden Street  
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 \_\_\_\_\_

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 Act and trade Name of Business.

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

Date of Starting Business Within City: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Application Title of Person Making Application

### Office Use Only

Approved

Yes No

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

Signature Date

If No, reason: \_\_\_\_\_

Approved

Yes No

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

Signature Date

If No, reason: \_\_\_\_\_

Date Rec. \_\_\_\_\_ License No. \_\_\_\_\_ Acct. No. \_\_\_\_\_

Amount \_\_\_\_\_ Type \_\_\_\_\_