

Office Use Only

Treasurer's Copy

Office Use Only

Date Rec. _____

CITY OF WASHINGTON, PA

License:

No. _____

Amt. _____

APPLICATION FOR BUSINESS PRIVILEG LICENSE

Account:

No. _____

FEE \$100.00

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 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. Corp/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
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 _____