



**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
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 and Title of Person Making Application

Print Name and Title

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 _____



**City Treasurer's Office
City of Washington, PA**



**Application For Business Privilege License
Fee: 100.00**

Fill In All Spaces Carefully and Type or Print Plainly

Make Checks Payable to: City Treasurer
City of Washington
55 W. Maiden Street
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

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 and Title of Person Making Application

Print Name and Title

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. _____