



CITY TREASURER OFFICE
CITY OF WASHINGTON, PA



APPLICATION FOR BUSINESS PRIVILEGE LICENSE
FEE: \$75.00

FILL IN ALL SPACES CAREFULLY AND TYPE OR PRINT PLAINLY

MAKES CHECKS PAYABLE TO: CITY TREASURER, TONY NICOLELLA
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.



CITY TREASURER OFFICE
CITY OF WASHINGTON, PA



APPLICATION FOR MERCANTILE LICENSE

FILL IN ALL SPACES CAREFULLY AND TYPE OR PRINT PLAINLY

MAKES CHECKS PAYABLE TO: CITY TREASURER, TONY NICOLELLA
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: \$50.00 Wholesale: Retail & Wholesale:

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 Date

Signature

If No, reason:

Date Rec. License No. Acct. No.

Amount: Type: