

CITY TREASURER OFFICE  
CITY OF WASHINGTON, PA  
APPLICATION FOR MERCANTILE LICENSE



FILL IN ALL SPACES CAREFULLY AND TYPE OR PRINT PLAINLY PLEASE

**MAKES CHECKS PAYABLE TO: CITY TREASURER, TONY NICOLELLA  
CITY OF WASHINGTON  
55 W. MAIDEN STREET  
WASHINGTON, PA 15301**

**Call 724-223-4218 for more information.**

**Application Date** \_\_\_\_\_

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.

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_  
Street Address City State ZIP Code

**Contact Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Corp./Home Address** \_\_\_\_\_  
Street City State Zip Code

**Type of Business (check one)** Retail-\$50 \_\_\_\_\_ Wholesale-\$60 \_\_\_\_\_ Retail & Wholesale \$110 \_\_\_\_\_

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:** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Kind of Business:** \_\_\_\_\_ **Federal I.D. #** \_\_\_\_\_

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

\_\_\_\_\_  
**Print Name and Title**

**Official Use Only**

**Zoning Approval:** Yes No Reason if No \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fire Approval** Yes No Reason if No \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date Received** \_\_\_\_\_ **Lic. #** \_\_\_\_\_ **Acct. #** \_\_\_\_\_

**Amount \$** \_\_\_\_\_ **Payment Type** \_\_\_\_\_ **Check #** \_\_\_\_\_