



Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**UPON RECEIPT OF LICENSE APPLICATION WITH REMITTANCE FOR THE SAME, VALIDATED  
MERCANTILE LICENSE WILL BE RETURNED. A SEPARATE LICENSE IS REQUIRED FOR EACH  
PHYSICAL BUSINESS LOCATION WITHIN THE TAXING JURISDICTION.**

**License Fee Schedule**

(Please select applicable license)

- Wholesale \_\_\_\_\_ \$5.00
- Wholesale and Retail \_\_\_\_\_ \$5.00

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date Operation began in Municipality: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_

\_\_\_\_\_

Please make check payable and remit to:  
**Keystone Collections Group**  
**P.O. Box 489, Irwin, PA 15642**

**Phone: (724) 978-2867**  
**Toll free: (888) 328-0561**  
**Fax: (412) 927-3646**