



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 check all that apply)

- Retail \$10.00
Wholesale \$10.00
Wholesale and Retail \$20.00

Amount Remitted \$ _____

If you believe your business does not require a Mercantile License, please provide a brief explanation as to why:

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