



PO Box 489 • Irwin PA 15642
KeystoneCollects.com

**ROSS TOWNSHIP
NORTH HILLS SCHOOL DISTRICT
2026 MERCANTILE LICENSE APPLICATION
DUE DATE: APRIL 30, 2026
ACCOUNT #: _____**

Company Name: _____
Address: _____
City, State, Zip Code: _____

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 all that apply)

- Restaurant \$10.00
- Retail \$10.00
- Wholesale \$10.00

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
PO Box 489, Irwin PA, 15642**

**Phone: (724) 978-0300
Fax: (412) 927-3646**