



Name: _____

Address: _____

**UPON RECEIPT OF LICENSE APPLICATION WITH REMITTANCE FOR THE SAME, VALIDATED
MERCANTILE LICENSE WILL BE RETURNED.**

License Fee Schedule

(Please check one of the following)

- Retail _____ \$2.00
- Wholesale _____ \$2.00
- Wholesale and Retail _____ \$4.00
- Food and Beverage _____ \$2.00
- Broker _____ \$2.00

Amount Remitted \$ _____

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**