

Company Name: _____

Address: _____

City, State, Zip Code: _____

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

License Fee Schedule
(Please select one of the following)

- | | |
|---|---------|
| <input type="checkbox"/> Retail | \$12.50 |
| <input type="checkbox"/> Wholesale | \$25.00 |
| <input type="checkbox"/> Wholesale and Retail | \$34.00 |

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

