



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 \_\_\_\_\_ \$12.50
- Wholesale \_\_\_\_\_ \$25.00
- Wholesale and Retail \_\_\_\_\_ \$34.00

**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**