

Company Name: _____

Street Address: _____

City, State, Zip Code: _____

UPON RECEIPT OF LICENSE APPLICATION WITH REMITTANCE FOR THE SAME, VALIDATED BUSINESS LICENSE WILL BE RETURNED. A SEPARATE LICENSE IS REQUIRED FOR EACH PHYSICAL BUSINESS LOCATION WITHIN THE TAXING JURISDICTION.

License Fee Schedule

Indicate business type(s). Select all that apply:

- Business Privilege (Services and/or Rentals)
- Retail (sale of tangible goods, commodities, food, beverages, or place of amusement)
- Wholesale (sale of tangible goods to another vendor)

If only one tax type	\$25.00
If two tax types	\$50.00
If all three tax types	\$50.00

Amount Remitted **\$** _____

If you believe your business does not require a Business 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