



# CITY OF TITUSVILLE APPLICATION FOR LICENSE

To Treasurer  
City Hall  
Titusville, PA 16354

Date Received \_\_\_\_\_

### PLEASE READ INSTRUCTIONS ON BACK

Application is hereby made for License

1. Name of Applicant or Firm \_\_\_\_\_
2. Business Address & Phone# \_\_\_\_\_  
\_\_\_\_\_
3. Location of Business (if different from business address) \_\_\_\_\_  
\_\_\_\_\_
4. Check whether business is: Incorporated\_\_\_\_ Partnership\_\_\_\_ Sole Proprietor\_\_\_\_
5. If business is conducted by you individually or by a partnership under a fictitious name, give name of true owners and date of registration of business under Fictitious Names Act.  
\_\_\_\_\_  
\_\_\_\_\_
6. Kind of Business\* \_\_\_\_\_
7. Name of Owner or Manager \_\_\_\_\_
8. Phone # of owner or Manager \_\_\_\_\_
9. License Fee (See Back) \_\_\_\_\_

### IMPORTANT

Please return this application with the license fee as soon as possible. The license must be obtained before July 15 and each subsequent year thereafter before July 15<sup>th</sup> to engage in a business, trade, or occupation within the corporate limits of the city. All taxes under this article remaining unpaid after September 1 (per section 335.13) shall have added to the amount due an amount equal to ten percent.

\_\_\_\_\_  
(Signature)

I certify under penalty of law that the information contained in this application is correct and true

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title of person making application)

\_\_\_\_\_  
(Address to which License is to be mailed)

**Make Checks payable to:  
City of Titusville**