

**MERCANTILE LICENSE**  
APPLICATION  
YEAR: 2024 FEE: \$30.00

**CITY OF FRANKLIN**

CITY CLERK'S OFFICE  
430 THIRTEENTH STREET  
FRANKLIN, PA 16323

**The following information is necessary for our records and will be held in strictest confidence.  
ALL QUESTIONS ON PAGE 1 AND 2 MUST BE ANSWERED FULLY.**

**TRADE NAME AND BUSINESS ADDRESS  
TO BE PRINTED ON LICENSE**

NAME AND ADDRESS OF APPLICANT  
(IF OTHER THAN TRADE NAME)

FEDERAL EMPLOYER IDENTIFICATION NUMBER

MAILING ADDRESS (if other than above)

E-MAIL ADDRESS

BUSINESS WEBSITE

PARTNERS/OFFICERS' NAMES AND ADDRESSES

BUSINESS PHONE NUMBER

SECONDARY PHONE NUMBER

TYPE OF ORGANIZATION (Check)

- INDIVIDUAL PROPRIETORSHIP     PARTNERSHIP     ASSOCIATION     FIDUCIARY  
 CORPORATION    DATE INCORPORATED \_\_\_\_\_    STATE INCORPORATED \_\_\_\_\_

DESCRIBE NATURE OF BUSINESS

DATE OPERATIONS BEGAN

**I certify that all information and statements herein are true and correct.**

SIGNATURE

TITLE

DATE

**PENALTIES**

Whoever being required to procure a license and who fails or refuses to do so, and whoever fails to keep his license conspicuously posted at his place of business, shall upon conviction thereof before any Alderman or Magistrate, be sentenced to pay a fine of not more than Fifty (\$50.00) Dollars and costs of prosecution for each offense, and in default of payment of said fine and costs, shall be imprisoned in the Venango County Jail for a period of not exceeding thirty (30) days or both fine and imprisonment.

**FOR OFFICE USE ONLY**

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

Received By: \_\_\_\_\_

Paid by:     Cash     Check     Money Order     Credit Card

Issue Date: \_\_\_\_\_

License Number: \_\_\_\_\_

**2024 EMERGENCY FORM AND BUSINESS QUESTIONNAIRE**

The following information is necessary for the emergency records of the Police and Fire Departments and will be kept in the strictest confidence.

**PLEASE PRINT OR TYPE**

NAME OF BUSINESS: \_\_\_\_\_ BUS. PHONE (\_\_\_\_) \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ 2<sup>ND</sup> PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FAX NUMBER (\_\_\_\_) \_\_\_\_\_

**\*If you are located within the City, please provide an after-hours emergency number, which will be used for notification when alarms are received and other after-hours emergencies.**

**1<sup>st</sup> KEYHOLDER CONTACT INFORMATION:**

Name (Last Name, First, Middle Initial): \_\_\_\_\_

|                                   |              |                               |
|-----------------------------------|--------------|-------------------------------|
| <b>*AFTER HOURS PHONE NUMBER:</b> | CELL NUMBER: | 2 <sup>ND</sup> PHONE NUMBER: |
|-----------------------------------|--------------|-------------------------------|

Mailing Address: \_\_\_\_\_

**2<sup>nd</sup> KEYHOLDER CONTACT INFORMATION:**

Name (Last Name, First, Middle Initial): \_\_\_\_\_

|                                   |              |                               |
|-----------------------------------|--------------|-------------------------------|
| <b>*AFTER HOURS PHONE NUMBER:</b> | CELL NUMBER: | 2 <sup>ND</sup> PHONE NUMBER: |
|-----------------------------------|--------------|-------------------------------|

Mailing Address: \_\_\_\_\_

**3<sup>rd</sup> KEYHOLDER CONTACT INFORMATION:**

Name (Last Name, First, Middle Initial): \_\_\_\_\_

|                                   |              |                               |
|-----------------------------------|--------------|-------------------------------|
| <b>*AFTER HOURS PHONE NUMBER:</b> | CELL NUMBER: | 2 <sup>ND</sup> PHONE NUMBER: |
|-----------------------------------|--------------|-------------------------------|

Mailing Address: \_\_\_\_\_

**OCCUPANCY TYPES:**

TYPE OF BUSINESS: \_\_\_\_\_

APARTMENTS? (Y/N) \_\_\_\_\_ NUMBER? \_\_\_\_\_ HOW MANY FLOORS? \_\_\_\_\_ NUMBER OCCUPIED? \_\_\_\_\_

**HAZARDOUS MATERIALS**

YES/NO: \_\_\_\_\_ LOCATION IN BUILDING: \_\_\_\_\_

HAZMAT NAMES: (Attach sheet if more room required.) \_\_\_\_\_

**UTILITY INFORMATION**

ELECTRIC SHUT OFF LOCATION: \_\_\_\_\_

GAS SHUT OFF LOCATION: \_\_\_\_\_

ANY OTHER INFORMATION THAT YOU FEEL WILL BE OF ASSISTANCE TO US: (Attach sheet if more room required.) \_\_\_\_\_

**OFFICE USE ONLY**

DATE ISSUED \_\_\_\_\_ MERCANTILE LICENSE # \_\_\_\_\_