



MERCANTILE/BUSINESS REGISTRATION FORM

REGISTRATION # _____ **TODAY'S DATE:** _____

NAME OF BUSINESS: _____

NAME OF BUSINESS OWNER/MANAGER: _____

IF PARTNERSHIP, LIST ALL PARTNERS: _____

BUSINESS LOCATION ADDRESS: _____

OWNER'S ADDRESS: _____

BUSINESS PHONE # _____ **AFTER HOURS PHONE#** _____

EMAIL ADDRESS: _____

NATURE/TYPE OF BUSINESS: _____

DATE BUSINESS OPENED: _____

PERSON COMPLETING FORM: _____

PRINT NAME AND SIGN NAME

THIS FORM IS TO RENEW YOUR CURRENT MERCANTILE/BUSINESS PRIVILEGE REGISTRATION WITH THE CITY OF CONNELLSVILLE. PLEASE COMPLETE AND RETURN WITH YOUR PAYMENT FOUND ON YOUR INVOICE TO THE ABOVE ADDRESS AND PAYABLE TO CHARLES MATTHEWS, CITY TREASURER. CALL 724-628-2020 EXT. 202 WITH QUESTIONS. HOURS: 9 AM – 12 NOON AND 1 PM – 3:30 PM – MON – FRIDAY. REMEMBER TO CONTACT US WITH ANY CHANGES WITH YOUR BUSINESS THROUGHOUT THE YEAR.

OFFICE USE ONLY:

YEAR:	DATE PAID	AMOUNT PD	CHECK #	RECEIVED BY
2024	_____	_____	_____	_____
2025	_____	_____	_____	_____
2026	_____	_____	_____	_____