

## Business License Application Work Sheet

(Please Print)

DATE: \_\_\_\_\_

\*\*CORPORATE I.D. # (If Entity) \_\_\_\_\_

\*\*INDIVIDUAL OWNER OR CORPORATE NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

SALES & USE TAX # \_\_\_\_\_

\*\*ADDRESS: (Location of Business) \_\_\_\_\_

\_\_\_\_\_

\*\*MAILING ADDRESS: (If Different) \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

\*\*SOCIAL SECURITY # OR FEDERAL TAX # \_\_\_\_\_

\*\*WORKMEN'S COMPENSATION INSURANCE #  
OR "NOT AN EMPLOYER" \_\_\_\_\_

\*\*NUMBER OF EMPLOYEES \_\_\_\_\_

\*\*INVENTORY AMOUNT: (If Applying For Trader's License) \_\_\_\_\_

NUMBER OF STORES IN MARYLAND: \_\_\_\_\_

PREVIOUS OWNER'S NAME: \_\_\_\_\_

\*\*OPENING DATE OF BUSINESS: \_\_\_\_\_ IS BUSINESS HOME BASED? \_\_\_\_\_

### License Required

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_____ Traders	_____ Chain
_____ Cigarette	_____ Out of State Contractor
_____ Special Retail Cigarette	_____ Construction
_____ Vending	_____ Other
_____ Restaurant	

SIGNATURE OF APPLICANT: \_\_\_\_\_

\*\* **Required For Issuance of License**