

BUSINESS LICENSE APPLICATION WORKSHEET

PLEASE PRINT

DATE: _____

ARE YOU TAKING OVER ANOTHER BUSINESS AT THE LOCATION STATED BELOW **OR** ARE YOU RESTRUCTURING YOUR CURRENT BUSINESS? YES OR NO

****STATE DEPARTMENT OF ASSESSMENT AND TAXATION ID (SDAT): (W/D/L#)** _____

****INDIVIDUAL OWNER NAME (SOLE PROPRIETORSHIP) or CORPORATION NAME:** _____

TRADE NAME - If registered at SDAT (T#): _____

SALES & USE TAX # (Comptroller Number): _____

****BUSINESS ADDRESS:** _____

(City) _____ (State) _____ (Zip) _____

****MAILING ADDRESS: (If different than Business Location)** _____

(City) _____ (State) _____ (Zip) _____

****BUSINESS PHONE NUMBER:** _____

OPENING DATE OF BUSINESS: _____ TYPE OF BUSINESS: _____

****SOCIAL SECURITY # OR FEDERAL TAX # (EIN#)** _____

****WORKMEN'S COMPENSATION INFORMATION (Choose applicable category)**

NUMBER OF EMPLOYEES _____ WORKMEN'S COMP INSURANCE # _____

OR CERTIFICATE OF COMPLIANCE PROVIDED **OR**

NOT AN EMPLOYER

****EMAIL ADDRESS:** _____

LICENSE(S) REQUESTING:

TRADERS: INVENTORY AMOUNT \$ _____

NEW APPLICANTS MUST COMPLETE & SIGN THE DECLARATION OF INVENTORY FORM

CIGARETTE/SPECIAL RETAIL CIGARETTE

OTHER TOBACCO PRODUCTS (OTP)

TOBACCONIST

CHAIN – NUMBER OF STORES IN MARYLAND _____

VENDING – NUMBER OF STORES IN MARYLAND _____

RESTAURANT

CONSTRUCTION

OUT OF STATE CONTRACTOR

PEDDLER

OTHER: _____

**** Required**