

BUSINESS LICENSE APPLICATION WORKSHEET

PLEASE PRINT

DATE: _____

****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:** _____

PREVIOUS OWNER'S NAME (If business is being transferred): _____

LICENSE(S) APPLIED

- ☐ TRADERS: INVENTORY AMOUNT \$ _____
- ☐ **NEW APPLICANTS MUST COMPLETE & SIGN THE DECLARATION OF INVENTORY FORM**
- ☐ CIGARETTE/SPECIAL RETAIL CIGARETTE
- ☐ OTHER TOBACCO PRODUCTS (OTP)
- ☐ TOBACCONIST
- ☐ CHAIN - NO. OF STORES IN MARYLAND _____
- ☐ VENDING - NO. OF MACHINES IN HARFORD COUNTY _____
- ☐ RESTAURANT
- ☐ CONSTRUCTION
- ☐ OUT OF STATE CONTRACTOR
- ☐ OTHER _____

**** Required**