

BUSINESS LICENSE APPLICATION WORK SHEET

PLEASE PRINT

DATE _____

**SDAT ID #: (W/D/L) _____

**INDIVIDUAL OWNER NAME: _____

HOME ADDRESS: _____

**CORPORATION NAME: _____

TRADE NAME: _____

**BUSINESS ADDRESS: _____

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

**MAILING ADDRESS: (If Different than Business Location)

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

BUSINESS PHONE NUMBER: _____

EMAIL ADDRESS: _____

SALES & USE TAX # _____

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

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

WORKMEN'S COMPENSATION INSURANCE # _____

NUMBER OF EMPLOYEES _____

OR

CERTIFICATE OF COMPLIANCE _____ or
PAPERWORK REQUEST FOR WCC AND RETURN ENVELOPE _____

OR

NOT AN EMPLOYER (Sole Proprietor ONLY) _____

**INVENTORY AMOUNT: (Trader's License Only) \$ _____

NUMBER OF STORES IN MARYLAND: (Chain Store Only) _____

PREVIOUS OWNER'S NAME: _____

OPENING DATE OF BUSINESS: _____

TYPE OF BUSINESS: _____

LICENSE(S) APPLIED FOR:

- _____ TRADERS
- _____ CIGARETTE/SPECIAL RETAIL CIGARETTE
- _____ OTHER TOBACCO PRODUCTS (OTP)
- _____ TOBACCONIST
- _____ CHAIN
- _____ VENDING
- _____ RESTAURANT
- _____ CONSTRUCTION
- _____ OUT OF STATE CONTRACTOR
- _____ OTHER _____

SIGNATURE of APPLICANT _____

**Required for issuance of license