

COMMERCIAL BUSINESS LICENSE APPLICATION

License must be renewed each year before January 1st

Date of Application _____

Name of Firm

Address of Business

Type of Business

Telephone Number Hours Opened

Type of Firm

- Individual
 Partnership
 Corporation

Name of Person To Whom License Is to Apply

Applicant's Full Name (**PRINT**)

Signature of Applicant

Applicant's Home Address

City State Zip Code

Drivers License Number State

Applicant's Title

Applicant's Home Telephone

Alarm: ____ Yes ____ No (**Type:** ____ Audible ____ Silent)

Alarm Company

Alarm Company Address

City State Zip Code Telephone

Owner of Building

Owner's of Building

City State Zip Code Telephone

**TO BE NOTIFIED IN CASE OF EMERGENCY,
IN PRIORITY ORDER:**

Number of Employees: _____

Article 23A, Section 48, Certificate of Compliance with Worker's Compensation Act of Maryland annotated Code of require municipal governments to obtain prior to issuing a License:

- (a) A certificate of compliance with the Maryland Workers' Compensation Act; or
- (b) The number of a workers' compensation insurance policy or binder.

Policy or Binder Number _____

NOTE: You must include a copy of your professional Certification issued by the State or County. Failure to provide a copy will prohibit the issuance of the City License. All Information **MUST BE Supplied Before License Is Issued.**

Article VII, Section 701(C). Each Electronic Game fee is **\$100.00**

Article VII, Section 701(C). Each ATM Machine fee is **\$100.00**

Article VII, Section 701(C). Each Coin Operated Machine fee is **\$10.00**

The cost of the license shall be **\$25.00** dollars per year. Please make check or money order payable to: **THE CITY OF DISTRICT HEIGHTS.**

District Heights License Number