

APPLICATION DATE: _____



BUSINESS LICENSE APPLICATION
FOR CHILDCARE/DAYCARE PROVIDERS

LICENSE NO.: _____

NAME OF BUSINESS _____

ADDRESS (Local) _____

TELEPHONE NUMBER _____ Location Manager _____

(please print)

ADDRESS (Mailing) _____

TELEPHONE NUMBER _____

SOCIAL SECURITY NO, or FEDERAL TAX NO. _____

MARYLAND STATE DEPARTMENT OF
EDUCATION OFFICE OF CHILD CARE
CERTIFICATE OF REGISTRATION#: _____

DATE OF ISSUE: _____

EXPIRES ON: _____

PRINCE GEORGE'S COUNTY
CERTIFICATE OF OCCUPANCY
UO (USE AND OCCUPANCY)
CASE NUMBER#: _____
EFFECTIVE DATE: _____

WORKER'S COMPENSATION NUMBER# _____

INCORPORATED _____ UNINCORPORATED _____ OTHER _____

OWNER(S) _____

**THE LICENSE FEE ISSUED UNDER THIS APPLICATION IS \$110.00, PAYABLE TO:
CITY OF NEW CARROLLTON, COMPLETE AND MAIL THIS FORM AND YOUR PAYMENT TO:
CITY OF NEW CARROLLTON, 6016 PRINCESS GARDEN PARKWAY, NEW CARROLLTON, MD 20784
ATTENTION: CITY BUSINESS LICENSE**

July 1, 2016 through June 30th 2017
Fiscal Year 2017