



CITY OF NEW CARROLLTON

6016 PRINCESS GARDEN PARKWAY
NEW CARROLLTON, MD 20784-2898
Phone (301) 459-3771 Fax (301) 459-2876

BUSINESS LICENSE APPLICATION

Name Of Business:	
Corporation Name:	
Business Start Date:	License Number:

Address (Business Location):		
<i>Street</i>	<i>Suite#</i>	
Mailing Address:		
<i>Street</i>	<i>Suite#</i>	
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Business Phone Number:	
Main Phone Number:	
Email Address:	

Location Manager:	
Officer(S) Name:	
Owner(S) Name:	

Type Of Business (Be Specific):	
Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Other:	
Incorporated <input type="checkbox"/> Unincorporated <input type="checkbox"/> Other:	

Social Security or Federal Tax ID Number:	
State of Maryland Permit Number:	Date of Issue:
Prince George's County Permit Number:	Date of Issue:
Worker's Compensation Number:	Date of Issue:

NEW APPLICANT INSTRUCTIONS:

Please provide copy of Prince George's County Business license and if applicable State of Maryland Permit.
The license fee issued under this application is \$110.00, payable to: *City of New Carrollton*
Please return completed application and remittance to: *ATTN: City Business License*
City of New Carrollton, 6016 Princess Garden Parkway, New Carrollton, MD 20784

Signature: _____ Date: _____