



BUSINESS LICENSE APPLICATION

City of Glenarden, Code Enforcement Department
James R. Cousins, Jr. Municipal Center, Glenarden, Md 20706
Telephone (301) 773-2100 extension 35 Facsimile (301) 773-4388

Office Use Only									
BL#	Year	Class	Date Paid	Fees Paid	Insp Date	Approval	#Bus	New/Renew	Mailed

Instructions

Application must be completed in full. Incomplete applications will not be processed and will be returned to applicant. All applications must include a copy of the Use & Occupancy Certificate, State of Maryland Business License and a copy of the lease agreement for property that is not owned by applicant. Sign and return application with attachments and required fees. Please advise the City of any change in status. A new license is required if a business changes location and/or ownership. Notification to the City of Glenarden is required if the business closes. Issued licenses are valid for one year and must be renewed prior to the expiration date.

License Application

COMPLETE BUSINESS NAME AND ADDRESS (STREET, CITY, SUITE, ZIP CODE)		SQUARE FOOTAGE
BUSINESS TELEPHONE NUMBER	BUSINESS FACSIMILE NUMBER	E-MAIL ADDRESS
MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS -STREET, CITY, SUITE, ZIP CODE)		
FEDERAL ID NUMBER	Application Filing Period (Insert Application Year) July 1, to June 30	If application is for a period beginning after July 1 and ending prior to June 30, please identify the start month/date/year. Month Day Year

Emergency Notification (For Premise Access in Emergency)

NAME	PHONE NUMBER WITH AREA CODE
NAME	PHONE NUMBER WITH AREA CODE

Building Ownership Information

Do you own or lease the space where the business is operating? <input type="checkbox"/> Own <input type="checkbox"/> Lease		
If lease, please provide the contact information for the owner of the space.		
BUSINESS NAME		
COMPLETE BUSINESS ADDRESS (STREET, CITY, SUITE, ZIP CODE)		
BUSINESS TELEPHONE NUMBER	BUSINESS FACSIMILE NUMBER	E-MAIL ADDRESS

BUSINESS NAME	BUSINESS ADDRESS
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Business Ownership

Please complete the business owners contact information.

CHECK ONE SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>

LAST NAME	FIRST NAME	MIDDLE INITIAL
COMPLETE HOME ADDRESS (STREET, CITY, SUITE, ZIP CODE)		
HOME TELEPHONE NUMBER	DATE OF BIRTH	CITY/STATE/COUNTRY OF BIRTH

LAST NAME	FIRST NAME	MIDDLE INITIAL
COMPLETE HOME ADDRESS (STREET, CITY, SUITE, ZIP CODE)		
HOME TELEPHONE NUMBER	DATE OF BIRTH	CITY/STATE/COUNTRY OF BIRTH

LAST NAME	FIRST NAME	MIDDLE INITIAL
COMPLETE HOME ADDRESS (STREET, CITY, SUITE, ZIP CODE)		
HOME TELEPHONE NUMBER	DATE OF BIRTH	CITY/STATE/COUNTRY OF BIRTH

Fee Structure

Each type of business operated on the business premises must have a City of Glenarden issued business license. Businesses that violate this provision will be subjected to fines and/or closing of the business. You must disclose all categories of businesses operating at the establishment. Following are the associated fees for the each of the business classifications. (Note: Fees for new businesses filed after October 1 of each year may be prorated.)

Check all that apply

<input type="checkbox"/> Barber/Beauty Shops \$250	<input type="checkbox"/> Educational/Day Care \$250	<input type="checkbox"/> Quick Mart \$500
<input type="checkbox"/> Cleaners/Laundromats \$250	<input type="checkbox"/> Auto Parts Sale/Distribution \$250	<input type="checkbox"/> Medical Facility \$150
<input type="checkbox"/> Carry Out Restaurants \$300	<input type="checkbox"/> Automobile Sales \$500	<input type="checkbox"/> Car Wash \$250
<input type="checkbox"/> Liquor Stores \$1000	<input type="checkbox"/> Environmental Services \$750	<input type="checkbox"/> Security \$250
<input type="checkbox"/> Bars/Restaurants \$500	<input type="checkbox"/> Single Family/Townhome Rental \$150/dwelling	<input type="checkbox"/> Janitorial Services \$250
<input type="checkbox"/> Grocery Stores \$300	<input type="checkbox"/> Apartment Complex \$10/ unit	<input type="checkbox"/> Real Estate Office \$250
<input type="checkbox"/> Auto Repair Businesses \$500	<input type="checkbox"/> Strip Mall/Office Buildings \$150/unit	<input type="checkbox"/> Lottery \$100/unit
<input type="checkbox"/> Tele/Communications \$500	<input type="checkbox"/> Independent Retail Store \$250	<input type="checkbox"/> Vending Machines \$50/unit
<input type="checkbox"/> Other \$200	<input type="checkbox"/> Convenience Store/Quick Mart \$500	<input type="checkbox"/> Other \$200
<input type="checkbox"/> Other \$200	<input type="checkbox"/> Other \$200	<input type="checkbox"/> Other \$200

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BUSINESS NAME	BUSINESS ADDRESS
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If you checked that are applying for any of the following, please identify the total number of units or dwelling units.

Type	Quantity
Apartment Complex	

Strip Mall/Office Buildings	
Vending Machines	
Lottery Units	
Single Family / Townhome	

Applicant(s) Statement

I/We the undersigned confirm as the business owner(s) /agent for the owner(s) that the above-noted information is correct and agrees to comply with ALL relevant provision of the City of Glenarden Code governing business licenses. It is also understood that the business owner(s) is/are responsible for the overall management of the business including staff while representing the owner's business. Further, failure to meet these obligations may result in the revocation of the business license.

PRINT COMPLETE NAME	SIGNATURE	DATE
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PRINT COMPLETE NAME	SIGNATURE	DATE
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PRINT COMPLETE NAME	SIGNATURE	DATE
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