

Please Print and Complete Entire Application

Owner or Corporation Name of Business: _____

Name of Business: _____

Location of Business: _____

Mailing Address of Business: _____

Social Security or Federal ID Number: _____ Phone Number: _____

Wholesale value of Inventory: \$ _____ Number of Locations in Maryland: _____

Type of license applying for: Traders Traders/Show Restaurant Construction

Chain Store Cigarette Billiard Table # _____ Vending Machines # _____

Workmen's Compensation: Please check the statement that applies to your business: **(Must check one)**

I do not have employees, or

I am an employer, but not required to have insurance **(must present a certificate of compliance)**, or

I am an employer required to have insurance. The policy or binder # is: _____

Sign: _____ Date: _____