



BUSINESS & OPERATING LICENSE APPLICATION

Town of Berwyn Heights | Code Compliance Department

Main Office: 301.474.5000 | Department: 301.513.9331 | Fax: 301.474.5002

Email: code@berwynheightsmd.gov

Mail to: CODE COMPLIANCE DEPARTMENT 5700 BERWYN ROAD BERWYN HEIGHTS, MD 20740. Make payment to: TOWN OF BERWYN HEIGHTS Pay by check, money order. Cash in office only. **Financial Statement (e.g., Income and Expenses Statement) for your most recent tax year is required with application to support license fee based on Gross Receipts.** Business Licenses must be renewed annually prior to expiration. Overdue accounts will be charged a "Late Filing Penalty" of \$50.00 after 30 days and \$25.00 /month or portion of a month thereafter.

Business License Application Fiscal Year _____ July 1, _____ - June 30, _____

Please complete all fields		
Business Entity Name:		Date:
DBA:		Town License #
Berwyn Heights Address (Physical Location)		
Mailing Address (if different than Physical Location)		
City:	State:	Zip Code:
Owner/ Principal:	Owner/ Principal:	
Federal Tax ID#	MD State Tax ID #	
Annual Gross Receipts:	Business Established Date:	
Business Type/ Sector:	Product/ Service:	
Describe business activities:		
Business Local Tel #:	Business Email:	
Business Fax:	Business Website:	
Emergency Contact:	Phone:	
Business License Contact:	Direct Tel #:	
Title:	Email:	

Location Square Footage: _____ sqft	# of Coin Operated Vending Machines: _____
Location is: <input type="checkbox"/> Leased <input type="checkbox"/> Owned	# of office units: _____
Property Management Company: _____	Contact Person: _____
Contact Telephone: _____	Email Address _____
Hours of Operation: <input type="checkbox"/> Mon - Fri: _____ <input type="checkbox"/> Sat: _____ <input type="checkbox"/> Sun: _____	
Form of Organization: <input type="checkbox"/> Private <input type="checkbox"/> For Profit <input type="checkbox"/> Non-profit	
Entity Type/ Form of Ownership: <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Single-Member LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> 501c3 nonprofit <input type="checkbox"/> Cooperative <input type="checkbox"/> Other _____	
Is the business entity in Good Standing Status with the Maryland Department of Assessments and Taxation (SDAT)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Total # of Employees: _____ # Full- Time Employees: _____ # of Part-Time Employees: _____	
Are you a State Licensed Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide your classification and contractor licensed # _____	
Is the business a franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you independently owned and operated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Is this a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No If seasonal, what is the busiest season? <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	
Describe prospective customers? <input type="checkbox"/> Individuals <input type="checkbox"/> Other Businesses <input type="checkbox"/> Government Other: _____	
Will business vehicles be on site or in use in Town? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many? _____	
Vehicle Type: <input type="checkbox"/> Under 1 Ton <input type="checkbox"/> 1-3 Tons <input type="checkbox"/> Over 3 Tons	
GROSS RECEIPT BRACKET LICENSE FEES	
Gross Receipts	License Fee
Under \$25,000	\$40.00
\$25,001 - \$100,000	\$75.00
\$100,001 - \$500,00	\$125.00
\$500,001 - \$750,000	\$185.00
\$750,001 or greater	\$250.00
Banks & Financial Institutions	\$250.00
Business License fee is based on above gross receipts bracket. New Business Applicants submitting after January 1st are required only to pay ½ of the Annual License fee for that year.	
<input type="checkbox"/> Supporting Financial Statement for most recent tax year has been included with this application	
_____ Signature	_____ Print Name
_____ Title	_____ Date