



Stephanie Rawlings-Blake
Mayor

**CITY OF BALTIMORE
DEPARTMENT OF FINANCE
BUREAU OF REVENUE COLLECTIONS**

**Miscellaneous Tax/License Unit
200 Holliday Street, 1st Floor, Room 3
Baltimore, MD 21202
410-361-9690 *COBBusinessLicense@baltimorecity.gov**



Harry Black
Department of Finance

**APPLICATION FOR LATE-NIGHT COMMERCIAL OPERATIONS LICENSE
(PLEASE PRINT CLEARLY)**

- New Business Owner Hours of Operations: _____
 Application for Renewal

1. SDAT Business Name/ID#: _____
2. Business Owner's Name: _____
3. Business Location: _____
(Street Address) (City) (State) (Zip Code)
4. Phone Number: () () ()
Business Phone Home Phone Cell Phone
5. Type of Services Provided: _____
6. Type of Ownership: _____
(Sole Proprietor, Partnership, Corporation, LLC)
7. Other Locations: _____
8. Date of Start of Operations: _____

Name of Applicant (Please Print) _____
Signature of Applicant _____
Date

THIS SECTION IS FOR OFFICE USE ONLY-PLEASE DO NOT WRITE IN THIS SECTION

Date Rec'd	Approved or Denied:
Initials of Processor	Date Customer Notified of Decision:
Number of Locations:	License Fee (including I & P if applicable) Fee: \$ _____ Penalty _____ Interest _____
Feedback Received from Community:	Total Paid \$ _____