



Stephanie Rawlings-Blake
Mayor

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

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



Harry Black
Director of Finance

**APPLICATION FOR RETAIL BUSINESS DISTRICT LICENSE
(PLEASE PRINT CLEARLY)**

New Business Owner Retail Business District Location: _____

Application for Renewal
RBD Customer ID _____

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. Total Square Footage of Licensable Space: _____
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	Total Square Footage of Licensable Space:
Initials of Processor	District Rate Per Square Foot \$
Total Square Footage of Licensable Space:	License Fee (including I & P if applicable) Fee: \$ _____ Penalty _____ Interest _____
Retail Business District Name:	Total Paid \$