

# CITY OF BALTIMORE/DEPT. OF FINANCE/BRC-BUSINESS LICENSES RBDL ACCT SURVEY

We are currently working on verifying Retail Business District License customer records. We invite you to participate in a 1-2 minute informational survey. Your answers will greatly assist us in providing exceptional customer service. Thank you in advance for your input!

\* Required

1. Please provide your name, *and* confirm the "Doing Business As" (DBA) name of the business. \*

2. Please indicate your association to the account. \*

3. If applicable, please provide the RBDL account number(s) you are responsible for paying a Retail Business District License fee.

4. Please provide the State (of Maryland) Dept. of Assessment & Taxation (SDAT) number for the business. \*

Enter your answer

5. If applicable, please enter the Trade Name of the business if it differs from the DBA.

Enter your answer

6. Please verify your current email address. \*

Enter your answer

7. Please provide your best contact number. \*

Enter your answer

8. Please confirm the physical City of Baltimore address/location of the business (including Zip Code). \*

Enter your answer

9. Please provide the current mailing address for the business (including City, State, Zip Code). \*

Enter your answer

10. Please provide the preferred address that the RBDL Business License should be mailed (including City, State, Zip Code). \*

Enter your answer

11. Please provide the preferred address that the RBDL invoices should be mailed (including City, State, Zip Code). \*

Enter your answer

12. Please identify the Retail Business District where the business is located: \*

- (Retail 1) Oldtown Mall Retail Business District
- (Retail 2) Market Center Retail Business District
- (Retail 4) Pimlico Business District
- (Retail 5) Monument Street Business District
- (Retail 6) Highlandtown Business District
- (Retail 7) Hamilton Business District
- (Retail 8) Federal Hill Market Place Business District
- (Retail 9) Pennsylvania Avenue/Lafayette Market Business District
- (Retail 10) Mount Washington Business District

13. Please provide the Retail Space square footage of the business. \*

Enter your answer

14. If applicable, please provide the business website.

Enter your answer

15. Please provide any additional Point of Contact(s) including email address, phone number, and mailing address, and their affiliation with the business. \*

Enter your answer

16. Please select the type of business: \*

- Franchise
- Independently Owned

17. Additional Feedback or Concerns:

Enter your answer

18. By printing my name in the box below, I hereby acknowledge that the information I am about to submit is accurate to the best of my knowledge. \*

Enter your answer

Submit

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