



Bernard C. "Jack" Young
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**



Henry Raymond
Director of Finance

Application for Late-Night Commercial Operations License

(Please Print Clearly)

- Renewal Application
- New Business Owner

Current Hours of Operation: _____

Proposed Hours of Operation: _____

SDAT ID# _____

1. Registered/DBA Business Name: _____

2. Business Address: _____

<p>3. <u>Business Owner Information</u></p> <p>(Name) _____</p> <p>(Address) _____</p> <p>(City/State) _____</p> <p>(Phone) _____ / _____ (BUSINESS) (HOME/CELL)</p>	<p><u>Resident Agent Information (if applicable)</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ / _____ (BUSINESS) (HOME/CELL)</p>
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4. Type of Services Provided/Items Sold: _____

5. Type of Ownership: _____

6. Total Square Footage of Licensable Space: _____

7. Date of start of Operations: _____

8. Please complete the attached form and provide a detailed indoor and outdoor security plan for the protection of your patrons.

9. On a separate sheet, please provide a detailed indoor and outdoor security plan for the protection of your patrons.

**** By signing below, you agree you will abate within 30 days of receipt any notice or citation for violating any provision of the Codes or failure to pay when due any fee, fine, or penalty to the City for any license issued by the City, including a license issued pursuant to the Ordinance.**

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT

DATE

FOR OFFICE USE ONLY . . . DO NOT WRITE BELOW THIS LINE

Date Rec'd	Approved or Denied:
Initials of Processor	Date customer was notified of decision:
Total Sq. Footage of space:	License Fee(including I & P if applicable) Fee: \$ _____ Penalty: _____ Interest: _____
Feedback received from community:	Total Paid: \$