

**CITY OF BALTIMORE**  
**DEPARTMENT OF FINANCE**  
**BUREAU OF REVENUE COLLECTIONS**  
**MISCELLANEOUS TAX / LICENSE UNIT**  
**200 HOLLIDAY STREET, 1<sup>ST</sup> FLOOR, ROOM 3**  
**410-361-9690**



Catherine E. Pugh  
 Mayor

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

New Business Owner Retail Business District Location: \_\_\_\_\_  
 Application for Renewal  
 RBD Customer ID \_\_\_\_\_

1. Name of Business: \_\_\_\_\_
2. Business Owner's Name: \_\_\_\_\_ Email Address \_\_\_\_\_
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 \$