



TOWN OF BERLIN
10 William Street
Berlin, MD 21811

APPLICATION FOR BUSINESS LICENSE
LICENSE FEE \$75
(CASH OR CHECK ONLY)

Today's Date: _____ Opening Date: _____

Business Name: _____ Phone: _____

Proprietor/Manager: _____ EIN/SSN: _____

Legal Entity Name: _____ Federal ID # _____

State ID # (for personal property) _____ Email: _____

Mailing Address: _____ Physical Address: _____
 (if different than mailing)

City, State, Zip: _____

Type of Business: _____

I, the undersigned, acknowledge that the above information is correct and that it is my responsibility to contact the Town of Berlin Department of Planning and Zoning to obtain any applicable sign permits, building permits, and information regarding any other restrictions/permitting as required (including Historic District as applicable).

 Printed Name

 Date

 Signature

 Position/Title

Office Use Only:		
Clerk:	Fee:	Period Covered: From: _____ To: _____
Invoice #	Date Sent:	
Planning & Zoning Review: _____ Initials		Economic & Community Development: _____ Initials
Date: _____		Date: _____