



**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: _____

**NOTE: Please complete both Berlin PD and Wor. County Forms below.**



**Town of Berlin**  
10 William Street  
Berlin, MD 21811  
410-641-2770

410-641-2316 (Fax)

410-641-1333 Berlin Police



**EMERGENCY CONTACT INFORMATION FORM**

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING ADDRESS: STREET NUMBER \_\_\_\_\_ STREET NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAIN BUSINESS PHONE NUMBER: \_\_\_\_\_

ALTERNATE BUSINESS PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACTS (please list in priority order)

1. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

3. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

IS BUILDING ALARMED? FIRE: \_\_\_\_\_ BURGULAR: \_\_\_\_\_ PANIC: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_

ALARM COMPANY ID (not your password): \_\_\_\_\_

IS THERE A SAFE ON PREMISES? YES NO IS MONEY KEPT ON THE PREMISES? YES NO

ARE WEAPONS KEPT ON THE PREMISES? YES NO

IF YES, WHERE AND WHAT TYPE? \_\_\_\_\_

ARE THERE ANY HAZARDOUS MATERIALS ON SITE OR OTHER HAZARDS THAT POLICE, FIRE, RESCUE,  
OR EMERGENCY MEDICAL SERVICES NEED TO BE AWARE OF: \_\_\_\_\_



**Worcester County**  
**Department of Emergency Services**  
**1 West Market Street, Room 1002**  
**Snow Hill, MD 21863**  
**410-632-1311**  
**410-632-2141 fax**

**EMERGENCY CONTACT INFORMATION FORM**

BUSINESS NAME: \_\_\_\_\_

BUILDING ADDRESS: Street Number \_\_\_\_\_ Unit Number (if applicable) \_\_\_\_\_

Street Name: \_\_\_\_\_ City: \_\_\_\_\_

MAIN BUSINESS PHONE NUMBER: \_\_\_\_\_

ALTERNATE BUSINESS PHONE NUMBERS: \_\_\_\_\_

EMERGENCY CONTACTS (please list in priority order)

1. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ PAGER: \_\_\_\_\_

2. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ PAGER: \_\_\_\_\_

3. NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ PAGER: \_\_\_\_\_

IS BUILDING ALARMED-----FIRE: \_\_\_\_\_ BURGLAR: \_\_\_\_\_ PANIC: \_\_\_\_\_

ALARM COMPANY NAME: \_\_\_\_\_

ALARM COMPANY ID: (if applicable—not your passcode): \_\_\_\_\_

IS BUILDING EQUIPPED WITH KNOX BOX (key lock box):    YES            NO

LOCATION OF BOX: \_\_\_\_\_

ARE THERE ANY HAZARDOUS MATERIALS ON SITE OR OTHER HAZARDS THAT POLICE, FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES NEED TO BE AWARE OF: \_\_\_\_\_

All information is kept confidential and used only for public safety purposes only. Please keep your information with us updated. If you can provide any floor plans or additional important information about your business, please include it with the return of this form to the above address, fax or e-mail to: [dispatch@co.worcester.md.us](mailto:dispatch@co.worcester.md.us). Contact us with any questions you may have concerning this form or any other emergency preparedness concerns. Thank you for your cooperation to allow us to provide the best and most accurate information available to the emergency responders to your business. Key lock boxes are available from your local fire company to allow immediate emergency access and reduce property damage to gain entry in an emergency situation.