



# TOWN of EDMONSTON

5005 52ND AVENUE  
EDMONSTON, MARYLAND 20781  
(301) 699-8806



## BUSINESS LICENSE NEW/AND OR RENEWAL APPLICATION

**\*\*\*\* ALL 2 PAGES MUST BE RETURNED WITH YOUR PAYMENT\*\*\*\***

An application for renewal of a Business License is required pursuant to the authority of the Code of Ordinance; Chapter 28 - Paragraph 28-3. **Form and term of license; Determination of Fees.** This ordinance requires that Business Licenses be renewed each year as adopted by the Mayor and Town Council.

This application is for the Town fiscal year that runs from July 1 to June 30 of each year.

This application must be **completed**, in its **entirety**, **signed and returned** with the total amount of \$2500 which will be assessed by the Code fee schedule. Please make checks payable to the TOWN OF EDMONSTON. A license will be mailed or delivered to the address shown as the business address.

RENEWAL

NEW

### OCCUPANT INFORMATION

DATE OF APPLICATION \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

PRIMARY CONTACT PERSON: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY OWNER, if Leased: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### OCCUPANT INFORMATION : For Emergencies

1. EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### GENERAL INFORMATION

BUSINESS HOURS: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

NUMBER OF VEHICLES: Cars \_\_\_\_\_ Trucks: \_\_\_\_\_

DO YOU EMPLOY GUARDS: DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

DO YOU PROVIDE NIGHT LIGHTS: \_\_\_\_\_ BURGLAR ALARM: \_\_\_\_\_

FIRE ALARM SYSTEM: \_\_\_\_\_ SPRINKLERS: \_\_\_\_\_

LIST "HAZARD" STORAGE: \_\_\_\_\_

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I, \_\_\_\_\_ hereby certify by signing this applications that:  
PRINT NAME OF APPLICANT

- I. THE BUSINESS, TRADE, PROFESSION OR CALLING IS A CORPORATION IN GOOD STANDING IF THE APPLICANT IS DOING BUSINESS AS A CORPORATION. I HAVE PROVIDED THE TOWN CLERK WITH THE STATE OF INCORPORATION, ADDRESS PRESENTLY DOING BUSINESS AND THE NAME AND ADDRESS OF THE OFFICERS AND RESIDENT AGENT, IF APPROPRIATE.
2. THE APPLICANT IS IN POSSESSION OF A VALID USE AND OCCUPANCY PERMIT, ISSUED BY PRINCE GEORGE'S COUNTY, TO CARRY ON THE BUSINESS, TRADE OR PROFESSION, AT THE IDENTIFIED PREMISES AND HAVE PROVIDED THE TOWN CLERK WITH A COPY.
3. THE APPLICANT POSSESSES A VALID STATE LICENSE IF THE BUSINESS, TRADE OR PROFESSION IS ONE WHICH IS ALSO LICENSED BY THE STATE OF MARYLAND.
4. THE APPLICANT HAS PAID ALL APPLICABLE REAL ESTATE AND PERSONAL PROPERTY TAXES.
5. **THE APPLICANT IS IN COMPLIANCE WITH ALL STATE OF MARYLAND, PRINCE GEORGE'S COUNTY LAWS, AND TOWN OF EDMONSTON MUNICIPAL ORDINANCES WHICH GOVERN THE CONDUCT OF THE BUSINESS, TRADE OR PROFESSION SOUGHT TO BE LICENSED, WITHIN THE TOWN OF EDMONSTON.**

Licenses granted under the terms of this Ordinance may be assigned or transferred, on application, upon the conditions applicable to the granting of the original license.

A copy of the Code of the Town of Edmonston concerning licensed occupations and business licenses is available upon request.

\_\_\_\_\_  
Name & Title of Person completing Application (Please Print or Type) SIGNATURE

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TO BE USED BY THE CLERK OF THE TOWN OF EDMONSTON ONLY

FEE: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ U&O PERMIT: \_\_\_\_\_ DATE: \_\_\_\_\_

FISCAL YEAR: \_\_\_\_\_