

BBL EZ-FORMBASIC BUSINESS LICENSE
APPLICATION FORM 2009-01DCRA USE ONLY
CUSTOMER NO.LANGUAGE PREFERRED English Spanish Chinese Vietnamese Amharic Korean Other: _____**BUSINESS TYPE** Sole Proprietor Partnership Limited Liability Co. Corporation (For Profit) Corporation (Non- Profit)**Section A APPLICANT/BUSINESS INFORMATION**

1a. BUSINESS OWNER _____

If owner is Sole Proprietor, print his/her name. If owner is Corporation, Limited Liability Company (LLC), or Partnership, print official Company Name to be licensed

2a. FEDERAL ID Federal Employee Identification Number _____ or Social Security Number ____ - ____ - _____

3a. TRADE NAME (if applicable) _____ 4a. Number of Employees _____

BUSINESS ADDRESS INFORMATION

If this is a Corporation, LLC or Partnership, please provide address of the company's main headquarters or main mailing address here.

5a. STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER () _____ - _____ 6a. EMAIL _____ @ _____

Section A2 OFFICERS, PARTNERS, MEMBERS

All Corporations, Partnerships, LLCs, and Unincorporated Associations must complete this section

7a. PRESIDENT/PARTNER/MEMBER NAME First _____ Last _____ Init _____

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

8a. VICE PRESIDENT/PARTNER/MEMBER First _____ Last _____ Init _____

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

9a. SECRETARY/TREASURER/PARTNER/MEMBER First _____ Last _____ Init _____

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Section B PREMISE ADDRESS INFORMATION

Location of business operation to be licensed

1b. STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

2b. QUADRANT (if known) NW NE SW SE 3b. Ward _____

PHONE NUMBER () _____ - _____ EMAIL _____ @ _____

CERTIFICATE OF OCCUPANCY/HOME OCCUPANCY PERMIT INFORMATION

4b. CERTIFICATE OF OCCUPANCY/HOME OCCUPANCY NUMBER _____ DATE ISSUED _____

Section C BILLING ADDRESS INFORMATION1c. BUSINESS NAME _____ ATTENTION _____
(if different than line 1a.)

STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

Section D WEIGHTS & MEASURES

If you have electronic price scanners or weight measurement devices, contact the Office of Weights and Measures at 202-698-2130 to register your devices.

1d. DEVICES USED _____ NUMBER OF DEVICES _____

Section E REGISTERED/RESIDENT AGENT INFORMATION

Corporations, Partnerships and LLCs must provide Registered Agent information. Sole Proprietors who are not DC residents must name Resident Agent and provide written consent.

Ie. NAME _____ BUSINESS NAME _____
 STREET ADDRESS _____ SUITE or APARTMENT NUMBER _____
 CITY _____ STATE _____ ZIP CODE _____
 PHONE NUMBER () _____ - _____ EMAIL _____ @ _____

I consent to act as a Resident Agent for the applicant on Line 1a.

Signature _____ Date _____

Section F LICENSE ENDORSEMENT & BUSINESS ACTIVITIES

Primary business category should be placed on line 1.

	BUSINESS ACTIVITY - LICENSE ENDORSEMENT	RELATED NAICS CODE
1	PRIMARY BUSINESS ACTIVITY:	
2		
3		
4		
5		
6		

Number of Seats:

Number of Units:

Section G CLEAN HANDS SELF CERTIFICATION

TO THE APPLICANT: Please read this form carefully and completely before signing. The District government shall not issue or reissue any license or permit if the applicant owes more than \$100.00 in outstanding debt to the District of Columbia.

I, _____, as _____, certify that _____
(name) (owner/partner/corporate officer) (business name)
 trading as _____ at _____, using business tax number _____
(trade name) (business address) (FEIN/SSN)

as of this date, does not owe more than one hundred dollars (\$100.00) in outstanding debt, penalties and fees to the District of Columbia.

I understand that a signed and dated Clean Hands Self Certification Form is required as documentation to accompany my application for a basic business license, license endorsements, and permits. I understand that by completing and submitting this form I am not guaranteed that my license or permit will be approved.

I understand that the Department of Consumer and Regulatory Affairs may conduct an investigation to ascertain the veracity of the information contained in this Clean Hands Self Certification Form.

I understand that if I knowingly provide false information on this Clean Hands Self Certification Form, the Department of Consumer and Regulatory Affairs will proceed immediately to revoke each license or permit for which I am applying and fine me one thousand dollars (\$1,000.00).

Signature and Title

FEIN/SSN

Date

Section H APPLICANT'S SIGNATURE

Mail your signed BBL-EZ application and a check or money order for all fees, payable to "DC Treasurer" to:

Hand Deliver your signed BBL-EZ application and a check or money order for all fees, payable to "DC Treasurer" to:

Bank of America
 Attention: DC Government Wholesale Lockbox #91360
 11333 McCormick Road
 Hunt Valley, MD 21031

OR

DCRA Business License Center
 941 North Capitol Street NE
 First Floor
 Washington, DC 20002

I hereby submit this application, required forms and payment in the amount of \$_____ for consideration of Basic Business License based on the information in this application.

Applicant Signature _____ **Date** _____

I/We understand that, anyone who makes a false statement on this form can be criminally prosecuted; and, if convicted, fined up to \$1000, imprisoned up to 180 days, or both, under D.C. Official Code § 22-2405.

DC INSPECTOR GENERAL HOTLINE: If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, Contact the Office of the Inspector General (OIG) at (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law. Government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

NOTICE OF NON-DISCRIMINATION: In accordance with DC Human Rights Act of 1977, as amended, DC Code Section 2.1401.01 et seq., ("the Act") the District of Columbia does not discriminate on the basis of race, color, national origin, sex, age, marital status, sexual orientation, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of this act will not be tolerated. Violators will be subject to disciplinary action.