

BBL EZ-FORM

BASIC BUSINESS LICENSE APPLICATION FORM 2009-01

DCRA 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 INFORMATION

1c. 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.

I.e. 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:

**Wells Fargo Bank**  
 7175 Columbia Gateway Drive  
 Lockbox #91360  
 Columbia, MD 21046

or

**Hand Deliver** your signed BBL-EZ application and a check or money order for all fees, payable to "DC Treasurer" to:  
**DCRA Business License Center**  
 1100 4th Street SW  
 2nd Floor  
 Washington, DC 20024

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.