



**PART III — Employer's DC Withholding Tax Registration**

23. Estimated total number of employees _____	24. Number of DC resident employees subject to DC Withholding Tax: _____
25. Date when you began to employ DC resident(s) ____-____-____ mo. day yr.  Date when you began or when you expect to begin to withhold DC tax from resident employees ____-____-____ mo. day yr.	26. Estimate of amount of DC tax to be withheld monthly from DC resident employees:  27. Will you have employee(s) working in DC? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PART IV — Sales and Use Tax Registration**

28. Check applicable box(es) below <input type="checkbox"/> Reporting Sales Tax on retail sales or rentals. <input type="checkbox"/> Reporting Use Tax on items purchased tax free inside/outside DC <input type="checkbox"/> Purchasing in DC items for resale outside DC (Attach photocopy of state/county sales tax registration.) <input type="checkbox"/> Purchasing in DC cigarettes for resale outside DC (Attach photocopy of state/county cigarette/tobacco license.) <input type="checkbox"/> Making no taxable sales and tax is paid to vendors on all taxable purchases. <input type="checkbox"/> Making exempt sales where a Certificate of Resale is issued.	29. Date when sales/use began in DC ____-____-____ or date expected to begin mo. day yr.
30. If you have more than one place of business where you collect taxes on sales in DC, do you wish to file a Combined Sales Tax Return for all locations? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a statement listing the additional places of business.	

**PART V1 — Personal Property Tax Registration**

Describe the type of Personal Property at each location (ex. furniture, fixtures, machinery equipment and supplies), used for business purposes.

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**PART V2 — Miscellaneous Tax Registration**

Check applicable block(s) below and the appropriate payment booklets/returns will be sent to you.

<input type="checkbox"/> Alcoholic Beverage Wholesaler	<input type="checkbox"/> Heating Oil
<input type="checkbox"/> Cable Television, Satellite Relay or Distribution of Video or Radio Transmission only	<input type="checkbox"/> Interstate Bus
<input type="checkbox"/> Cigarette Wholesaler	<input type="checkbox"/> Motor Vehicle Fuel Tax
<input type="checkbox"/> Commercial Mobile Service Tax	<input type="checkbox"/> Natural or Artificial Gas by Non-Public Utility Person
<input type="checkbox"/> Gross Receipts Public Utility	<input type="checkbox"/> Toll Telecommunication Service Tax

If you have questions please contact the Customer Service Administration at (202) 727-4829.

**CERTIFICATION**

I declare under penalties as provided by law that this application (including any accompanying schedules and statements) has been examined by me and, to the best of my knowledge, it is correct.

X

\_\_\_\_\_  
Signature Title Date

APPLICATIONS WHEN COMPLETED MUST BE SIGNED BY EITHER THE OWNER, PARTNER OR PRINCIPAL OFFICER OF THE CORPORATION. (Agents or Representatives signing must attach a *Power of Attorney*.)

**OFFICIAL USE ONLY**

Type Tax	Date Lia. began	Cycle	Method	Remarks
H				
J				
W				
S				
P				
MISC				
Reviewer/Date				
Date Data Entered/Initials				

# DCRA

## Basic Business License Application

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

DCRA Office use:  
Customer Number

Applicant: Please read instructions carefully before you complete this application.

### SECTION A: BUSINESS / APPLICANT INFORMATION

Check box applicable to your business organization:  Sole Proprietorship  Partnership  Limited Liability Company  Corporation (For Profit)  Corporation (Non-Profit)

1. 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) .....

1a. Federal ID No. Federal Employer Identification Number (FEIN)..... or if your business does not have a FEIN number, give your Social Security Number (SSN) .....

1b. Trade Name if applicable (see Instructions) .....

2. Business Address (If this is a Corporation, LLC or Partnership, please provide address of the company's main headquarters here)

2a. Street Address ..... Suite or Apartment No. ....

2c. City ..... State ..... Zip .....

2d. Phone number ( ) ..... 2e. Email .....

### SECTION A-1: OFFICERS, PARTNERS, MEMBERS

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

3. President / Partner / Member:

3a. Name .....  
First Name M.I. Last Name

3b. Street Address .....

3c. City ..... State ..... Zip .....

3d. Phone ( ) ..... 3e. Email .....

4. Vice President / Partner / Member:

4a. Name .....  
First Name M.I. Last Name

4b. Street Address .....

4c. City ..... State ..... Zip .....

4d. Phone ( ) ..... 4e. Email .....

5. Secretary / Treasurer / Member:

5a. Name .....  
First Name M.I. Last Name

5b. Street Address .....

5c. City ..... State ..... Zip .....

5d. Phone ( ) ..... 5e. Email .....

### SECTION B: INFORMATION ABOUT BUSINESS PREMISE ADDRESS (Vendors: skip this section)

Location of business operation to be licensed.

6. Street Address ..... Suite or Apt No. ....

City ..... State ..... Zip .....

6a. Quadrant (check one)  NE  NW  SE  SW 6b. Ward ..... 6c. ANC .....

6d. Phone ( ) ..... 6e. Fax No. ....

6f. Email .....

6g. Certificate of Occupancy Number: ..... Date Issued .....

**SECTION C: BILLING ADDRESS** (Address where DCRA should mail Renewal Notices)

7. Business Name (if different than line 1).....  
 7a. Attention (Contact Name).....  
 7b. Street Address (if different than in Section C) .....  
 7c. City ..... State ..... Zip .....

**SECTION D: REGISTERED / RESIDENT AGENT**

Corporations, Partnerships and LLCs must provide Registered Agent information. Sole Proprietors who are not District residents must name a Resident Agent.

8. Contact Name ..... Title .....  
 8a. Business Name .....  
 8b. Street Address ..... Suite .....  
 8c. City ..... State ..... Zip .....  
 8d. Phone ( ) ..... Business Email .....

**SECTION E: LICENSE ENDORSEMENTS: Business Activities (Vendors: skip this Section)**

List all your business activities and their NAICS Codes. Choose from the *Table of Endorsement Business Activities* in the Instructions

BUSINESS ACTIVITY - LICENSE ENDORSEMENT		Related NAICS Code for Activity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**SECTION F: BUSINESS EQUIPMENT, MACHINERY, & FACILITIES INFORMATION (Vendors: skip this Section)**

Give information about your business about your Basic Business License in Tables I, II and III below. If you need more space, write it on more paper and add it to the application.

**Table I. AUTOMOTIVE & OTHER EQUIPMENT**

Give the required information for each vehicle you will use in your business.

✓	Equipment Type	Vehicle Make	Year	Identification No.	License Plate	State	Tare Weight	Capacity
	Ambulance							
	Carriages							
	Driving School							
	Horses							
	Solid Waste Truck							
	Tow Truck							
	Tow Unit							
	Truck or Van							
	Other							

**Table II. EATING ESTABLISHMENTS & HOUSING (Permanent & Transient)**

Give the number of units in each establishment type in your business.

✓	Type	Rooms / Units	Restaurant Seats	Resident Manager Name	Manager's Phone
	Apartments				
	Boarding / Rooming House				
	Carriages				
	Hotel / Motel				
	Restaurant				
	Other				

**SECTION F cont.**

**Table III. OPERATING MACHINERY, EQUIPMENT, FACILITIES, & PARKING LOTS**

Check all equipment used in your business activity and give the number of units. Each of these is a separate endorsement.

✓	Equipment	Number of Units	✓	Equipment	Number of Units
	Amusement (Mechanical) Machines			Gasoline Dispensing Hoses	
	Billiard Tables			Home Improvement Contractor Permit Number	
	Bowling Alley (lanes)			Parking Lot (square feet)	
	Bulk Fuel Meter Device(s)			Slot Weighing Machines	
	Bulk Fuel Storage Tank(s) - Above Ground			Swimming Pool	
	Bulk Fuel Storage Tank(s) - Underground			Vending Machines - Cigarettes	
	Coin Operated Machines - Photograph, lockers, other			Vending Machines - Food	
	Game Boards / Tables				

**SECTION G: VENDOR INFORMATION (Vendors only)** This section is not necessary for all license endorsements. See Section G of the Instructions.

Check this box if you are certified as a Resident-Owned, Local Small Business Enterprise (LSDBE) business.

**Table IV. PRODUCTS FOR SALE**

Check all goods, wares, and merchandise that you will sell. You may not sell anything that is not on this list.

✓	Food	✓	Merchandise
	Beverages		Arts, Crafts
	Dispensed Food		Electronics, Watches, Calculators
	Frozen Dessert Sales		Flowers, Plants
	Prepackaged Food Only		Perfumes, Oils, Incense
	Produce		Printed, Recorded Media
	Other		Toys
			T-shirts, Hats, Handbags
			Other

**Table V. VENDING SIDEWALK LOCATIONS REQUESTED**

See map of vending sites included in application packet. Refer only to currently mapped sidewalk vending sites. (You will have a chance to request other sites, as soon as they are mapped.) You must indicate all sites you wish to receive a public space permit for. Do not list sites you are not interested in getting a public space permit for. List your first choice at #1, second choice at #2, etc.

	Site Label (A,B,C)	Site Label (A,B,C)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)
1	11	21	31	41	51	61	71					
2	12	22	32	42	52	62	72					
3	13	23	33	43	53	63	73					
4	14	24	34	44	54	64	74					
5	15	25	35	45	55	65	75					
6	16	26	36	46	56	66	76					
7	17	27	37	47	57	67	77					
8	18	28	38	48	58	68	78					
9	19	29	39	49	59	69	79					
10	20	30	40	50	60	70	80					

	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)	Site Label (AA,BB)
81	91	101	111	121	131	141	151					
82	92	102	112	122	132	142	152					
83	93	103	113	123	133	143	153					
84	94	104	114	124	134	144	154					
85	95	105	115	125	135	145	155					
86	96	106	116	126	136	146	156					
87	97	107	117	127	137	147	157					
88	98	108	118	128	138	148	158					
89	99	109	119	129	139	149	159					
90	100	110	120	130	140	150	160					

**Table VI. VENDOR ENDORSEMENTS**

Check the endorsements that apply to your business.

<input checked="" type="checkbox"/>	Endorsement
<input type="checkbox"/>	ANH Vendor A (Food) Neighborhood
<input type="checkbox"/>	ARW Vendor A (Food) Roadway
<input type="checkbox"/>	BCZ Vendor B (Food) Central Zone
<input type="checkbox"/>	BNH Vendor B (Food) Neighborhood
<input type="checkbox"/>	BRW Vendor B (Non-Food) Roadway
<input type="checkbox"/>	DBB Vendor D (Shoe Shine & Street Photographer)

**SECTION H: EMPLOYEE INFORMATION** Employer must complete & sign this Section.

8. Name of Company of Employee to be Licensed .....

8a. Company FEIN / UI Number (if applicable).....

8b. Company Street Address .....

City ..... State ..... Zip .....

8c. Phone ( ) ..... Email .....

9. Employee Information (Non-District Residents must complete Section D giving their Resident Agent; see instructions for more details.)

9a. Employee Name (First, MI, and Last).....

9b. Social Security No. .... 9c. Date of Birth ..... 9d. Place of Birth.....

9e. Employee Description: Height ..... Weight ..... Color of Hair ..... Color of Eyes .....

9f. Driver's License No. .... State of License ..... Expiration Date .....

9g. Company Signatory ..... Print Name .....

Title (Owner/Manager): ..... Date Signed .....

**SECTION I: ADDITIONAL INFORMATION**

Give any additional information about your business activities that you feel is important to this Application. Include any descriptions that may not be covered in Section F or Table of Endorsement Business Activities

**SECTION J: APPLICANT'S SIGNATURE**

Send your signed application, required forms, and a check or money order for all fees, payable to "DC Treasurer," to:

Bank of America  
 Attention: DC Government Wholesale Lockbox #91360  
 Mail Code MD4-301-18-04, 18<sup>th</sup> Floor  
 225 North Calvert St  
 Baltimore, MD 21202

Or bring it to our **Business License Center** at 941 North Capitol St NE #1100, Washington DC 20002

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

Applicant's Signature ..... Date.....

**For Office Use Only**

**CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS**

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the DC government, under circumstance in which the statement could reasonably be expected to be relied upon as true. (DC Code §22-2405).

**DC INSPECTOR GENERAL HOTLINE**

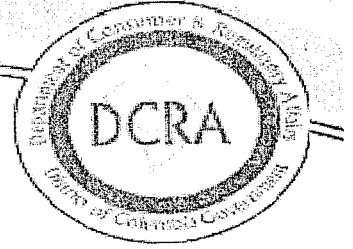
If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, contact the Office of the Inspector General (OIG) at the OIG Hotline (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by 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 the 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, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of the act will not be tolerated. Violators will be subject to disciplinary action.

# **B**ASIC BUSINESS LICENSE

\*\*\* Department of Consumer & Regulatory Affairs  
District of Columbia Government  
Business and Professional Licensing Administration  
Master Business License A



## RESIDENT AGENT APPOINTMENT FORM

A non-resident of the District of Columbia who wishes to transact business in the District of Columbia shall appoint a Resident Agent or an Attorney-in-Fact who resides or who maintains an office in the District of Columbia upon whom, all fiduciary and other process or legal notice directed to the applicant may be served upon the appointed Resident Agent.

I, \_\_\_\_\_ hereby appoint  
(Owner/Proprietor)

\_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_ as my resident agent for all fiduciary and other process  
(Telephone Number)

or legal notice directed to the applicant shall be served.

I certify that the applicant and the applicant's principal officers are fit, willing and able to conduct the business of \_\_\_\_\_ in the District of Columbia and promises to comply with all laws and regulations concerning the requested business type.

\_\_\_\_\_  
Resident Agent

\_\_\_\_\_  
Owner/Proprietor

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### D.C. INSPECTOR GENERAL HOTLINE

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# Basic Business License Clean Hands Form

## DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS BUSINESS AND PROFESSIONAL LICENSING ADMINISTRATION

### 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. This certification form is required to be completed and submitted with any application for a license or permit or renewal by the *Clean Hands Before Receiving a License or Permit Act of 1990*, effective May 11, 1996 (DC Law 11-118, DC Code Sec. 47-2861 et seq.) as amended, effective October 21, 2000 (DC Law 13-183, sec. 2(b), DC Code sec. 47-2861 et. seq.).

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 to the District of Columbia government as a result of:

- (1) Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1985, effective March 25, 1986 (DC Law 6-100; DC Code Sec. 8-801 (et. seq.) (2001 ed.); or
- (2) Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (DC Law 10-117; DC Code Sec. 8-901 (et. seq.) (2001 ed.); or
- (3) Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (DC Law 6-42; DC Code Sec. 2-1801.01 (et. seq.) (2001 ed.); or
- (4) Past Due Taxes owed to the Office of Tax and Revenue pursuant to Title 47 of the DC Code; or
- (5) Past due District of Columbia Water and Sewer Authority service fees pursuant to Title 34 Chapter 22 and 24 of the District of Columbia Code (2001 ed.); or
- (6) Fines, penalties or interest assessed pursuant to Traffic Adjudication Act, Title 50 Chapter 23 of the District of Columbia Code (2001 ed.).

I understand that a signed and dated Clean Hands Self Certification Form is required as documentation to accompany my application for a master 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

For assistance with this form please call (202) 442-4311.