



Application for New Business License

Name/Business Name: _____

DBA (if applicable): _____

Business Address or Job Site Address: _____

Mailing Address (if different): _____

Business Phone: _____ Business Fax: _____

Description of Business: _____

Local Contact Name: _____ Title: _____

Email Address: _____

Date Business will begin/began in Elkton: _____

Will you have employees working in Elkton? Yes No Number of Employees: _____

If yes, the city imposes a 2.0% occupational tax on gross wages earned in the city by officers and employees. If the city should mail quarterly occupational tax on gross wages forms to a different address than stated above, please list mailing address: _____

Check Entity Type: Individual Partnership Corporation Limited Liability Partnership
 Limited Liability Company filing as: ___ Individual ___ Partnership ___ Corporation
 Non-Profit (Attach IRS acknowledgement letter) Other _____

Will you have contract or 1099 labor in Elkton? Yes No

If yes, please advise all contractors to apply for a new business license if they do not already have a license in the city of Elkton. Or, you may provide us with a list and we will contact them.

INFORMATION ABOVE IS AVAILABLE TO THE PUBLIC. INFORMATION BELOW IS CONFIDENTIAL.

Federal I.D. Number: _____ or Soc. Sec. Number: _____

Accounting Period for Federal Return:

Calendar Year or Fiscal Year: Fiscal Year Ending Date: _____

OWNER/PARTNER/OFFICER INFORMATION:

For an individual, give name, date of birth, residence address, and social security number. If a partnership, give this information for each partner. If a corporation, give the same information for the President, Vice President, Secretary and Treasurer.

_____	_____	_____	_____
Name	D.O.B.	S.S.N.	
_____	_____	_____	_____
Residence Address	City	State	Zip Code

