**Purpose:** This form is to tell DC what kind of business you would like to do.

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| **Do not complete this application unless you have these 3 things:** | | |
| **1** CORP_GENERIC_2.gif  Corporate registration **OR** you are a Sole Proprietorship with no trade name | **2** dcoz (1).jpg  Certificate of Occupancy or Home Occupancy Permit | **3** otrnew.jpg  New Business Registration |

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| **SUBMISSION OPTIONS** | |
| **Online**   1. Skip this form, visit MyBusinessDC.gov, and follow the prompts. | |
| **In Person**   1. Complete page 2 and 3 of this form. 2. Visit the DCRA Business Center for immediate processing between 8:30am - 4:30 pm on Mon, Tues, Wed, & Fri or between 9:30am - 4:30pm on Thurs.   DCRA Business Center  1100 4th Street SW, 2nd floor  Washington, DC 20024 | |
| **By Mail**   1. Complete page 2 and 3 of this form. 2. Find your fees by going online to <http://bit.ly/DCRABBL> and make check or money order payable to “DC Treasurer.” 3. Mail your signed application with payment to:   Wells Fargo Bank  7175 Columbia Gateway Drive  Lockbox #91360  Columbia, MD 21046 | |

**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.

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| The District government will 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 do not owe $100 or more to D.C. government.  I/We understand that anyone who makes a false statement on this form can be criminally prosecuted and fined under D.C. Official Code 22-2405.  **Applicant Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Federal EIN or Social Security Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION A:** BUSINESS OWNER INFORMATION |

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Registered trade name of business** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Full Name (if applicable)*

**Business location**

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Street Number and Name City State Zipcode

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If your business is not located in DC, skip this question.*

**Is your business located in your home?**

If YES, provide the home occupancy permit number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Number Date Issued*

If NO, provide the certificate of occupancy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

*Number Date Issued*

**Billing address**

𝥷My billing address is the same as my business location listed above.

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Street Number and Name City State Zipcode

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION B:** BUSINESS POINT OF CONTACT |

**All businesses must have an Agent who can receive legal documents for your business. This person must live in Washington, DC.**

𝥷I am a resident of DC and will serve as my own Agent.

𝥷My Agent is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*First Name Middle Initial Last Name*

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Washington, DC \_\_\_\_\_\_\_\_\_\_\_\_

Street Number and Name Zipcode

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION C:** BUSINESS INFORMATION |

**What kind of business license(s) do you need? A full list and description of licenses is online at:** [**http://bit.ly/DCRABBL**](http://bit.ly/DCRABBL)*(check all that apply)*

𝥷One Family Rental

𝥷Apartment Rental

𝥷General Contractor

𝥷General Business

𝥷Restaurant

𝥷Delicatessen

𝥷Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_