

## COMPTROLLER of MARYLAND

Brooke E. Lierman Comptroller

Chuck Ulm Director, Field Enforcement Bureau

## MICRO MARKET INFORMATION FORM

(Pursuant to MD BR 17-1705)

Complete all fields concerning the owner or operator of the micro market.

Name of the owner or operator of the micro market to whom complaints and comments concerning the micro market may be addressed: \_\_\_\_\_

Address:	(Business address of the owner or operator)
City:	E-mail: Website:
State: Zip Code:	Telephone Number:
Corp. Name:	Trade Name:
Control Number:(As provided by Clerk)	CR Number:
List the address of each Micro Market opera	ated by the applicant
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
I do solemnly declare and affirm, I have list operated by the applicant, and a copy of th be hung in each Micro Market location.	sted all Micro Market locations to be he license, once produced by the Clerk, will
Print Name:	Title:

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_

Submit this form to the Clerk of the Circuit Court with your Micro Market business license application. If the owner or operator has additional locations exceeding the number above, attach an additional form. All required information must be completed before issuance of the business license can occur. Any vending machines operating at these locations will require a vending machine license and label. Once issued, a copy of the Micro Market License must be displayed in each location. COM/FED-SLB-405 Rev. 08/18



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