

REQUEST FOR DUPLICATE BUSINESS LICENSE/RECEIPT

The purpose of this form is to reduce unauthorized use or fraudulent securance of a business license

I am requesting the Department of Consumer and Regulatory Affairs provide a duplicate license to operate a _____
_____ located at _____.

Customer Number: _____

The reason for this request is:

- I submitted payment for the above license on _____ and to date have not received my business license.
- My license was lost or stolen on or around _____.

NOTICE

If your license was lost, stolen or not received after 60 days of payment and you have not recieved any communication from the Department of Consumer and Regulatory Affairs you can apply for a duplicate license. There is a \$6.00 fee for each duplicate license. The fee will be waived only if you did not receive your license after 60 days from date of payment and you did not receive any communication from DCRA regarding your application.

Print Name of Applicant Agent: _____

Signature of Applicant/Agent: _____

Date: _____

I certify that the above statements on this application are true and complete to the best knowledge and belief. I agree to comply with all applicable laws and regulations of the District of Columbia. 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.