

DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS

**BBL EZ-FORM**

VENDING BUSINESS LICENSE  
APPLICATION FORM 2013-10

DCRA USE ONLY  
CUSTOMER NO.

**LANGUAGE PREFERRED:**

English Spanish Chinese Vietnamese Amharic Korean Other: \_\_\_\_\_

**BUSINESS TYPE:**

Sole Proprietor Partnership Limited Liability Co. Corporation (For Profit) Corporation (Non-Profit) Other: \_\_\_\_\_

**VENDOR EQUIPMENT:**

VENDING STAND  VENDING CART  STATIONARY ROADWAY VENDOR  MOBILE ROADWAY VENDOR

**VENDOR TYPE:**

FOOD (CLASS A) MERCHANDISE (CLASS B) SERVICES (CLASS D)

EXISTING VENDOR #: \_\_\_\_\_

**Section A APPLICANT/BUSINESS INFORMATION**

1a. APPLICANT/BUSINESS OWNER \_\_\_\_\_ TITLE (if applicable) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
*If the owner is a Sole Proprietor, print his/her name. If the owner is a Corporation, Limited Liability Company (LLC), or Partnership, print the official Company Name to be licensed.*

2a. FEDERAL ID Federal Employee Identification Number \_\_\_\_\_ or Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3a. TRADE NAME (if applicable) \_\_\_\_\_ Corporation Registration Number \_\_\_\_\_

**BUSINESS ADDRESS INFORMATION**

*If this is a Corporation, Limited Liability Company (LLC), or Partnership, please provide the address of the company's main headquarters or main billing address here.*

5a. STREET ADDRESS \_\_\_\_\_ SUITE OR APT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

**Section B VENDING LOCATIONS**

Location of business operation to be licensed.

	Location	Closest Address	Site Permit Number(s) (if applicable)
1			
2			
3			
4			
5			

EXISTING PUBLIC SPACE VENDING PERMIT NUMBER \_\_\_\_\_

**VEHICLE INFORMATION**

Equipment Type	Vehicle Make	Year	Identification Number	License Plate	State	Decal Number (if applicable)

**Section C BILLING ADDRESS INFORMATION**

1c. BUSINESS NAME \_\_\_\_\_ ATTENTION \_\_\_\_\_

*(if different from line 1a.)*

STREET ADDRESS \_\_\_\_\_ SUITE OR APT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Section D** WEIGHTS AND MEASURES  Y  N

If you have electronic price scanners or weight measurement devices, contact the Office of Weights and Measures at (202)698-2130 to register your devices.

**Section E** REGISTERED/RESIDENT AGENT INFORMATION

Corporations, Partnerships, and Limited Liability Co. (LLC) must provide their Registered Agent information. Sole Proprietors who are not DC residents must name a Resident Agent and provide written consent.

NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ SUITE OR APT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

I consent to act as a Resident Agent for the applicant on Line 1a.

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

**Section F** APPLICANT'S SIGNATURE

Hand Deliver your signed BBL-EZ application and a check, cash, or money order, payable to "DC Treasurer", to :

**DCRA Business License Center**  
1100 4<sup>th</sup> Street SW 2<sup>nd</sup> Floor  
Washington, DC 20024

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

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

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 DC Official Code § 22-2045.

**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.