

Request for Business License Certification

Date of Request: _____

Type of License(s): 1. _____
2. _____
3. _____

Premise Address: _____

Name(s) of Licensee: 1) _____ 2) _____

Certification is Requested for Period: _____

Person Requesting Certification: _____

Phone Number: _____ Email: _____

Reason for Certification Request: _____

Mailing Address:

Street Address _____ Suite/Apartment Number _____

City _____ State _____ Zip Code _____

Delivery Method Mail Pick Up Date Mailed/Picked Up: _____

NOTICE

There is a \$1.10 fee for each certification prepared. Each name, address and type of license is considered a separate request for certification.

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.

For DCRA Official Use Only

Prepared by: _____ Date: _____

Status of License Issued Cancelled Pending No Record

Customer Number: _____ License Number: _____

Bond Company: _____ Bond Number: _____

Owner(s) Name: _____ Address: _____

Agency Name: _____ Address: _____

