

**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: \_\_\_\_\_