



COMPTROLLER of MARYLAND

Brooke E. Lierman
Comptroller

Charles "Van" Howeth
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. *Required fields have an asterisk (*).*
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: * _____
 State: * _____
 Zip Code: * _____

E-mail: * _____
 Website: _____
 Telephone Number*: _____

Corp. Name: * _____
 Control Number: * _____
(As provided by Clerk)

Trade Name: _____
 CR Number* _____
(As provided by Comptroller)

List the address of each Micro Market operated by the applicant.

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 listed all Micro Market locations to be operated by the applicant, and a copy of the license, once produced by the Clerk, will be hung in each Micro Market location.

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.

