



Peter Franchot
Comptroller

Jeffrey Kelly
Director
Field Enforcement Division

MICRO MARKET INFORMATION FORM

(Pursuant to MD BR 17-1705)

Complete all fields concerning the owner or operator of the micro market.

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: _____ E-mail: _____
State: _____ Website: _____
Zip Code: _____ Telephone Number: _____

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

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.

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State License Bureau • P.O. Box 2397 • Annapolis, Maryland 21404-2397 • 410-260-6240 • 1-866-239-9359
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