



***City of Seat Pleasant  
Neighborhood & Commercial Compliance***

*6011 Addison Rd, Seat Pleasant, MD 20743*

*Phone: (301) 499-8700 Fax: (301) 499-8702*

*[www.seatpleasantmd.gov](http://www.seatpleasantmd.gov)*

***Charitable Organizations and  
Religious License Application***

**20**\_\_\_\_\_

**DISCLOSURE:** Please fill out application in its entirety if something doesn't apply, please write N/A, **incomplete applications will result in denial of application and delay your Business license.** Licenses will be issued after inspection is completed and passed.

*Applications can be submitted online via the city website, mailed, or delivered to  
6011 Addison Road, Seat Pleasant, Md 20743*

## APPLICATION FOR CHARITABLE AND RELIGIOUS LICENSE

---

Please fill out application in its **entirety** if something doesn't apply, please write **N/A. Incomplete applications will result in denial of application and delay your Business license.**

### INFORMATION

New  Renewal If this is a renewal application, has the ownership of the business changed since the last application? \_\_\_\_\_

**Charitable/Religious Name:** \_\_\_\_\_ **IRS #** \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Owner Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Business Type:**  Faith-Based Institution  Restaurant  Bar  Grocery/Convenience  Real Estate  Insurance  Marketing/Advertising  Printing  Liquor  Medical/Healthcare  Tax  Service  Day Care  Pest control  Retail  Laundromat  Arts Related  Bakery  Pet Care  Other  
\_\_\_\_\_

Number of Employees: \_\_\_\_\_ Year established: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media: Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_

Instagram: \_\_\_\_\_ Other \_\_\_\_\_

### IDENTIFICATION

---

**Property Owner's Name** \_\_\_\_\_

**Property Owner's Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Person responsible for upkeep and maintenance of the interior of the property:  Owner  Tenant

Person responsible for upkeep and maintenance of the exterior of the property:  Owner  Tenant

Person responsible for utilities (water/electric):  Owner  Tenant

Person responsible for snow removal:  Owner  Tenant

Person responsible for trash removal:  Owner  Tenant

**APPLICATION CHECKLIST**

---

All applicable the items MUST be provided at time of application. **Failure to include proper documentation will result in a delay of your License and possible fines. No licenses will be issued until after all documents are submitted, approved, and inspection has been completed and passed.** Inspection checklist is attached.

- Trash Collection – (submit contract or invoice)
- IRS Determination Letter
- Copy of Prince George’s County Use and Occupancy (U & O) permit
- Copy of current Prince George’s County Health Department Inspection certificate for all commercial businesses that prepare food on-site (this is an Annual Inspection)
- No unpaid Real or Personal Property Taxes
- State License (if applicable)

**Must be and remain in good standing or active with the State of Maryland. Compliant with all Maryland State laws, Prince Georges County and City of Seat Pleasant Codes and Ordinances. Failure to do so will result in suspension of Business License**

**FEE CALCULATIONS**

---

<b>1. Non-Profit Organization/Faith Based Institution Fee</b>	<b>\$0.00</b>
<b>2. Late Fees:</b>	
Renewal after Deadline (June 30th) - \$100.00	
Operating without valid license – \$1000.00	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**APPLICANT SIGNATURE**

---

I hereby certify that the information on this application is true and correct. I hereby certify that I am the business of the subject property and have received permission through a lease or have ownership to conduct business at the property. I am familiar with the applicable codes, requirements, and fines of the City of Seat Pleasant. Therefore, I take full responsibility for all code compliance issues as it relates to the upkeep of the building. Further I agree to conform to all applicable laws and ordinances of jurisdiction to the City of Seat Pleasant.

			/ /
Owner/Representative’s Printed Name	Title	Signature	Date

**PLEASE ALLOW TWO WEEKS FOR PROCESSING ALL PERMITS AND LICENSE REQUEST.**