



TOWN OF BERLIN
10 William Street
Berlin, MD 21811

**TOWN OF BERLIN CONTRACTOR
REQUEST FOR WAIVER OF ANNUAL BUSINESS LICENSE FEE**

IMPORTANT: This form is for use by Third-Party contractors doing work directly for the Town of Berlin, Maryland to request a waiver of the annual business license fee of the Town of Berlin. A "CONTRACTORS APPLICATION FOR BUSINESS LICENSE" FORM must accompany this request and is attached, or can be found at: <https://berlinmd.gov/departments/town-forms-and-permit-applications/>.

Today's Date: _____ Contract/Project Start Date: _____

RFP #/Project Name: _____

Business/Legal Entity Name: _____

Please initial in the space provided to indicate agreement.

I/We acknowledge:

_____ I am an authorized agent of the entity awarded the contract for the above referenced job/project with sufficient legal authority to complete and submit the Contractors Application for Business License form and this Request for Waiver of Business License Fee.

_____ Attached, or under separate cover, I/We have submitted the Town of Berlin form: Contractors Application for Business License form.

_____ Business/Legal Entity acknowledges that this Request for Waiver of Annual Business License Fee is applicable only to the project named above. Should I/We enter into contracts and/or perform work for individuals or entities located within the corporate limits of the Town of Berlin, but which are not the Town of Berlin, I/We must notify the Town of Berlin and pay the Annual Business License Fee of \$150.00. It is my/our responsibility to notify the Town of Berlin of such; failure to do so may result in being barred from future awards of contract with the Town of Berlin.

_____ The Annual Business License is issued for one-year and expires annually on June 30 of each year.

_____ Issuance of a Town of Berlin Business License does not in any way remove my/our responsibility to obtain any other legally required licensing, certifications, or other obligations required by entities other than the Town of Berlin.

Authorized Signer: _____ Printed Name: _____

Phone: _____ Email: _____

Office Use Only:	
Fee Waiver Granted: Yes No	
If denied state reason:	
Town Administrator Signature:	Date