



Montgomery County Department of Housing and Community Affairs
 Division of Consumer Affairs • Licensing and Registration Unit
 100 Maryland Avenue, Room 330, Rockville, Maryland 20850
 240-777-3799 • FAX 240-777-3699 • TTD 240-777-3679 • <http://montgomerycountymd.gov/dhca>

Single-Family\Condominium RENTAL FACILITY LICENSE APPLICATION

- Please print clearly or type. Answer all applicable questions.
- Completed application **MUST** be signed by the property owner.
- Legal Agent must be assigned.
- Payment by check or money order must accompany application.
- Make checks payable to MONTGOMERY COUNTY, MARYLAND.
- Mail completed application with payment to address above.

OFFICE USE ONLY	
License #	_____
Year Built	_____
Date Recorded	_____
Entered By	_____
Deposit	_____

I. RENTAL PROPERTY ADDRESS

Street Number	Street Name	Unit#
_____	_____	_____
City	State	Zip
_____	_____	_____
Owner's Emergency Phone Number	Community/Homeowner Association Name (if applicable)	
_____	_____	

II. OCCUPANT INFORMATION

Is the property:

Owner Occupied?.....YES NO

Relative Occupied?.....YES NO

(A relative is defined as a: Spouse, Sibling, Parent, Grandparent, Child, or Grandchild.)

If the answer to either of these questions is **YES**, you **DO NOT** need to pay a Rental Facility License Fee.

III. LICENSE FEE/STRUCTURE TYPE

Please check below your property's **Structure Type** to determine the amount due.
 The licensing year is **July 1 through June 30** and **fees cannot be prorated**.
 The full fee is due if the property is rented for any portion of a licensing year.

Structure Type		Annual Unit Fee	Structure Type		Annual Unit Fee
Single Family Detached House	<input type="checkbox"/>	\$98.00	Garden Apartment	<input type="checkbox"/>	\$56.00
Townhouse	<input type="checkbox"/>	\$98.00	High-rise Apartment	<input type="checkbox"/>	\$56.00
Duplex	<input type="checkbox"/>	\$98.00	Stacked Piggyback Townhouse	<input type="checkbox"/>	\$56.00
Back-to-Back Townhouse	<input type="checkbox"/>	\$98.00			
Quadrplex	<input type="checkbox"/>	\$98.00			

Please note: Montgomery County Government now uses the services of CheckAgain – Enhanced Check Management Services.
 If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2 to arrange payment for any outstanding checks and service fees due. www.checkagain.com

IV. OWNERSHIP INFORMATION : Determine ownership type and complete only the corresponding section .**A. SOLE PROPRIETORSHIP (Individual) or**

First Owner's Name			Second Owner's Name (if applicable)		
First Owner's Street Address (If P.O. Box, Must Assign Legal Agent)			Second Owner's Street Address		
City	State	Zip	City	State	Zip
Daytime Phone	Evening Phone		Daytime Phone	Evening Phone	
Fax#	Email Address		Fax#	Email Address	

B. PARTNERSHIP or LIMITED LIABILITY COMPANY or

Name of Partnership or LLC			***Partner's/Member's Name		
Partnership Street Address			Partner's Street Address		
City	State	Zip	City	State	Zip
Daytime Phone	Evening Phone		Daytime Phone	Evening Phone	
Fax#	Email Address		Fax#	Email Address	

***Must provide info for all partners/members holding 10% or more interest, please provide additional partner/member info on a separate sheet.

C. TRUST or

Name of Trust			Trustee's Name		
Daytime Phone			Trustee's Street Address		
Evening Phone			City		
Fax#			State		
Email Address			Zip		

D. CORPORATION

Name of Corporation			Name of Maryland Resident Agent		
Corporation Street Address			Resident Agent's Street Address		
City	State	Zip	City	State	Zip
Daytime Phone	Evening Phone		Daytime Phone	Evening Phone	
Fax#	Email Address		Fax#	Email Address	
Corporation President's Name					
Corporation President's Street Address			Daytime Phone		
City			Evening Phone		
State			Fax#		
Zip			Email Address		

V. CONTACT INFORMATION

A. Administrative Agent

(Retaining an Administrative Agent is not required. If this section is left blank, owner will serve as administrative agent.)

Who should we contact for business purposes, such as annual license renewal?

Owner as listed

or

Administrative Agent as Listed Below

Agent's Name

Agent's Street Address

Agent's Company Name (if applicable)

City

State

Zip

Daytime Phone

Evening Phone

Fax#

Email Address

B. Legal Agent (must be provided)

County law requires all owners to assign a Legal Agent to receive legal service of process. Owners residing in Maryland may designate themselves. Those who do not reside in Maryland **MUST** designate a Legal Agent who resides within the State of Maryland.

Please Note:

- ❖ The Legal Agent cannot be your tenant.
- ❖ You must provide the Legal Agent's **MARYLAND HOME** address.
- ❖ The Legal Agent **MUST** sign below to accept responsibility as agent.

Owner designates self as Legal Agent and resides in the STATE OF MARYLAND
(Home address provided under Ownership Information.)

Owner designates the below named Maryland resident as Legal Agent

Legal Agent's Name (Print or Type clearly above)

Legal Agent's HOME Street Address

Daytime Phone

Evening Phone

City Maryland

Zip

Fax#

Email Address

I understand and accept responsibility as Legal Agent for service of legal process:

X

Legal Agent's Signature

Date

VI. LEAD POISONING PREVENTION CHECKLIST – (must be completed)

Maryland law requires that all owners of residential rental property comply with the State Lead Poisoning Prevention requirements and that proof of compliance be provided to local government before authorizing a property to be rented.

Please Note:

- ❖ You MUST provide the following information before your property will be licensed to operate as a rental facility in Montgomery County.
- ❖ Further information regarding Lead Poisoning Prevention and compliance may be obtained through Maryland Department of the Environment (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101.

1. Was this residential rental property built after 1949?

Yes No Year Built _____.

If YES, you are NOT an “affected property.” Please proceed to Section VII.

If answer to question #1 is NO, proceed to question #2.

2. Has this residential rental property been exempted by MDE because it is lead-free?

Yes No

If YES, please provide: Exemption Certificate #: _____, Date issued _____, and Contractor Name _____. You are NOT an “affected property.” Please proceed to Section VII.

If answer to question #2 is NO, proceed to question #3.

3. Is this property registered with MDE?

Yes No

If YES, please provide Tracking # _____. Proceed to question #4.
(Formerly referred to as the owner registration number.)

If answer to question #3 is NO, please contact (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 for information on registration requirements.

4. Is the property registration current?

Yes No

If YES, please proceed to question #5.

If answer to question #4 is NO, please contact (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 for information on registration requirements.

5. Did your current tenant move in on or after February 24, 1996?

Yes No

If YES, Lead Inspection Certificate # for current tenancy _____.

VII. OWNER'S SIGNATURE (Agent's signature not acceptable)

I affirm under penalty of perjury that the above information is true to the best of my knowledge and belief. I also understand if there are any changes in property ownership, owner address, or agent/contact information that I must notify the Department within 10 days of the change.

X _____

Owner's Signature (Agent's signature not acceptable)

Date

Print or Type Name of Person Signing

Has the OWNER:

Signed the application? Designated a Legal Agent in Maryland?

Completed Lead Poisoning Prevention Checklist?

Enclosed License Fee as Check or Money Order Payable to Montgomery County?