



Montgomery County Department of Health and Human Services  
 Licensure and Regulatory Services  
 2425 Reddie Dr., 9th floor, Wheaton, MD 20902  
 Phone: 240-777-3986 Fax: 240-777-3088  
[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**PRIVATE EDUCATIONAL INSTITUTION APPLICATION (PEI)**  
 (LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

TODAY'S DATE: \_\_\_\_\_

New  Renewal

Fees: **\$95 (Non-Profit) or \$185 (For Profit)**

Name of Facility: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Email Address (REQUIRED): \_\_\_\_\_

Type of Facility: \*Check here  if **Non-Profit** facility (Graded or Non-Graded) \***Must attach 501c(3) letter annually.**

**Graded:**  Nursery  Kindergarten  Elementary (state grades) \_\_\_\_\_

Secondary (state grades) \_\_\_\_\_  Post Secondary (specify area of instruction) \_\_\_\_\_

**Non-Graded:**  Tutoring  Vocational (specify dance, arts, etc.) \_\_\_\_\_

Owner or Corporation Name: \_\_\_\_\_

Accredited by State Department of Education?  Yes  No Maximum number of students at any one time: \_\_\_\_\_

Number of students enrolled: \_\_\_\_\_ **Water Supply:**  Public  Private **Sewage:**  Public  Private

Do you intend to prepare/serve meals?  Yes  No Days and Hours of Operation: \_\_\_\_\_

**NEW FACILITIES OR CHANGE OF LOCATION FOR EXISTING FACILITIES:**

1. Anticipated date of opening or change of location: \_\_\_\_\_
2. Contact person to arrange an inspection: \_\_\_\_\_
3. Contact's telephone number: \_\_\_\_\_
4. Attach copy of Use and Occupancy permit for school use. To obtain, call the Office of Use and Occupancy at: 240-777-0311.
5. Attach copy of Fire Inspection approval. Call 240-777-2457 to schedule fire inspection with the Fire Prevention Bureau/Fire Marshal office.

**I hereby certify that the above information is accurate and complete:**

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**PRINTED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_

**Submit completed application and fee to address above. CASH IS NOT ACCEPTED. Checks/Money Orders payable to: "Montgomery County, Maryland".**

**Payment Method (select payment method):**  Check **or**  Money Order  
 Visa **or**  Master Card Only (complete information below)

**OFFICE USE ONLY**

Receipt No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Check/Money Order No.: \_\_\_\_\_ Credit Card Approval Code (MC/VISA): \_\_\_\_\_

**CREDIT CARD PAYMENT SECTION** (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder's Name: \_\_\_\_\_ Credit Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**I agree to pay the above total amount according to the card issuer agreement:**

Cardholder's Signature: \_\_\_\_\_