



Montgomery County Department of Health and Human Services
 Licensure and Regulatory Services
 255 Rockville Pike, Ste 100, Rockville, Maryland 20850
 Phone: 240-777-3986 Fax: 240-777-3088
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: _____