



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services

255 Rockville Pike, 1st Floor, Suite 100; Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

VIDEO GAME REGISTRATION APPLICATION**(ESTABLISHMENT)

New [] Renewal []

TODAY'S DATE: _____

Name of Facility: _____ Total No. of Video Games at the Facility: _____

Address of Facility: _____
(include street number, suite number, street name, city, state, and zip code)

Telephone No. (with area code): _____ Fax No. (with area code): _____

Name of Owner/Corporation: _____

Address of Owner/Corporation: _____
(include street number, suite number, street name, city, state, and zip code)

Telephone No. (with area code): _____ Email: _____

Video Game Owners: (Use Reverse Side if Necessary to List All Video Game Owners)

1. Name: _____ Telephone No. (with area code): _____

Address of Facility: _____
(include street number, suite number, street name, city, state, and zip code)

2. Name: _____ Telephone No. (with area code): _____

Address of Facility: _____
(include street number, suite number, street name, city, state, and zip code)

** Montgomery County Code 56A-6(d) states "Any change in the information stated on the certificate of registration shall be reported to the director within thirty (30) days of the change."

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

Signature of Owner or Agent: _____

Printed Name and Title of Above Signatory: _____

The Licensing Fee is \$125.00 per facility. Renewal applications received after the license expiration date must include a \$25.00 Late Application Fee.

LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON.

Payment Method: [] Check [] Money Order [] Visa [] Mastercard Make checks or money orders payable to "Montgomery County, Maryland". Cash is not accepted. Credit card payments may be faxed to 240-777-4531 (confidential fax line).

Fee: \$ _____ Credit Card No: _____ Exp. Date: _____

Credit Cardholder's Name: _____ Amount Charged: \$ _____

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

Cardholder's Signature: _____

OFFICE USE ONLY

Receipt No.: _____ Date Issued: _____ Staff Initials: _____

Amount Paid: _____ Date Expires: _____

Check/Money Order No.: _____ Record No.: _____