



**MONTGOMERY COUNTY GOVERNMENT
OFFICE OF CONSUMER PROTECTION**
100 Maryland Avenue, Room 330
Rockville, Maryland 20850
240-777-3636 • FAX 240-777-3768 •
<http://montgomerycountymd.gov/consumer>

BUILDING CONTRACTORS LICENSE APPLICATION

- Please type or print clearly in ink.
- All pages **MUST** be completed. All applicable questions **MUST** be answered.
- A non-refundable application fee of \$805 is charged for a two (2) year period and **MUST** accompany new, renewal and reinstatement applications.
- Check or money order must be made payable to Montgomery County, MD
- Mail completed application with payment and documentation requested.
- A Certificate of Insurance on Liability and Workman’s Compensation must accompany all applications. OCP must be listed as the Certificate Holder see page 6, section 9.
- If it is a reinstatement application, send a letter explaining why you did not renew your Building Contractor’s License.
- Please provide a copy of other jurisdiction licenses.

OFFICE USE ONLY
License No. _____
Date Issued _____
Date Expired _____
Check # _____
State License No. _____
Check # _____
Date approved _____

I. TYPE OF LICENSE REQUESTED

Type of License (Please Check One):

- NEW LICENSE
 RENEWAL OF EXISTING LICENSE
 REINSTATED LICENSE

II. NON-REFUNDABLE LICENSE FEE

\$805 CHECK OR MONEY ORDER - PAYABLE TO MONTGOMERY COUNTY - IS ATTACHED.

Please note: Montgomery County Government now uses the services of Check-Again – 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

III. TYPE OF NEW HOME BUILDER BUSINESS BEING LICENSED

Type of Business (Please Check One):

- CORPORATION
 *LIMITED LIABILITY CORP.
 PARTNERSHIP
 SOLE PROPRIETOR

**Limited Liability Company. Must fill out both “A” and” B” in Section IV*

Name of Business _____

Trade Name (if any) _____

Business address _____

Phone No. _____ Fax No. _____

Mailing Address (If different from business address) _____

E-Mail Address _____

IV. OWNERSHIP INFORMATION. Please provide owner information in the appropriate section.

Changes in ownership or owner address **MUST** be reported to the Department within 30 days of the change.

A. CORPORATION AND LIMITED LIABILITY COMPANIES

Complete this section if your home building business is a **CORPORATION**. If you do business in Maryland as a corporation, **you must furnish the name of the resident agent of your corporation in Maryland** and provide your federal employment identification number and date of incorporation. If your corporation is a Limited Liability Corporation, be sure to provide the information requested in section A and B.

NAME OF CORPORATION/OR LLC

Date of Incorporation _____ Federal ID _____

Trade Name (If any) _____

Business address _____

Phone No. _____ Fax No. _____

Mailing Address (If different from business address) _____

_____ E-Mail Address _____

RESIDENT AGENT IN MARYLAND (full name) _____

Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

PRESIDENT/MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

VICE PRESIDENT/MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

TREASURER/ MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

SECRETARY/MEMBER NAME _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

B. FINANCIAL INTEREST INFORMATION

List all persons, members, or organizations holding a financial interest of 10% or more in the business. If a limited liability company, list the names of all members who have the authority to enter binding agreements on behalf of the company.

1. _____ 2. _____

3. _____ 4. _____

C. PARTNERSHIP

Fill out this section if your business is a **PARTNERSHIP**. Provide the names of all partners holding a **10% or more** interest in the business. If the partnership is a limited partnership, please identify the general partner.

Full Name of Partner _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

Full Name of Partner _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

Full Name of Partner _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

Full Name of Partner _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

(If more than four partners, provide additional information on a separate sheet.)

D. SOLE PROPRIETORSHIP

Fill out this section if your homebuilding business is a **SOLE PROPRIETORSHIP**

Full Name _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

V. BUILDER DESIGNEE

The Builder Designee must be an individual designated by your homebuilding business that is a partner, officer, director, or manager of your homebuilding business and is the individual responsible for on-site building activity. This individual must be authorized by you to enter into binding agreements on behalf of the homebuilding business. A sole proprietor is automatically the Builder Designee.

Name of Builder Designee _____

Business Address _____

Home Address _____

Business Phone No. _____ Home Phone No. _____

E-Mail Address _____ Fax No. _____

VI. LEGAL ACTION OR INTEREST IN OTHER HOME BUILDING ENTITIES

- 1) Has this business or any individuals or companies named in Section IV, had any interest in any other new home building companies in Montgomery County or any other jurisdiction in the past ten years?
 Yes ___ No ___ (If yes, please list their names and the companies involved on a separate sheet of paper.)
- 2) Has this business or any individuals or companies named in Section IV, had any building or construction related license suspended, revoked, surrendered, or not renewed for cause in Montgomery County or any other jurisdiction?
 Yes ___ No ___ (If yes, please explain on a separate sheet of paper).
- 3) Does this business or any individuals or companies named in Section IV, have any unresolved Consumer Protection complaints pending in Montgomery County or any jurisdiction?
 Yes ___ No ___ (If yes, please explain on a separate sheet of paper).
- 4) Does this business or any individuals or companies named in Section IV, have any pending law suits or outstanding unsatisfied judgments?
 Yes ___ No ___ (If yes, please explain on a separate sheet of paper).
- 5) Does this business have any outstanding building code violations?
 Yes ___ No ___ (If yes, please explain on a separate sheet of paper).
- 6) Has any officer, director or owner holding a financial interest of 10% or more in this homebuilding business ever filed for bankruptcy?
 Yes ___ No ___ (If yes, please attach explanation and resolution listing their names and the companies involved on a separate sheet of paper.)
- 7) Has any officer, partner, building designee, or owner been convicted of a felony in the last ten years?
 Yes ___ No ___ (If yes, please explain on a separate sheet of paper).

VII. EXPERIENCE - *FOR NEW LICENSE APPLICATIONS ONLY.

- 1) Do you have any other construction-related experience or education, such as experience in home improvement work, college or trade school courses, etc? Please furnish in detail the experience and qualifications of the officer, partner, or owner responsible for construction in Montgomery County. Resumes for the appropriate individuals may be attached.
- 2) Please list your most current new home construction experience, if any, and project detail information in chart below? What was your role on this construction?

Project Address	County	TYPE: (ie: SF/TH/Condo)	No. of Units	Date Completed

- 3) Was the above referenced construction experience as a new homebuilder, subcontractor, employee, and owner? Please explain in detail: _____
- 4) List new home building activity planned for next year in Montgomery County: _____
- 5) Do you have any building permits pending for new home construction in Montgomery County?
Yes ___ No ___
- 6) List membership in any trade associations related to construction: _____

VIII. REFERENCES AND FINANCIAL RESPONSIBILITIES

- 1) **New applicants, Renewals/Reinstatements.** Provide a copy of the certificate of insurance liability (minimum \$500,000) and workman’s compensation insurance is not required if you have less than two employees. Note: Montgomery County Office of Consumer Protection must be listed as Certificate Holder. All documentation must have the name of the licensee.
- 2) **(New and Reinstatements only must)** provide three material Supplier Reference Forms from suppliers of construction materials as credit reference using the forms that are attached to this application.
- 3) **(New and Reinstatements only must)** Licensee must provide a current letter of reference from a bank or other lender indicating that licensee maintains an account in good standing.

IX. OWNER’S SIGNATURE

I HEREBY CERTIFY that I have read and fully comprehend this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or the revocation of any license that may be issued. By signing this application, I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct. I understand that if there are any changes in information provided, I must notify the Department within 30 days of the change. Failure to do so may result in the suspension or revocation of my license. I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

Signature

Date

Print or Type Name of Person Signing

Title

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

<u>Approved</u>	<u>Disapproved</u>	<u>Cond. Approved</u>	<u>Deferred</u>	<u>Denied</u>	<u>Reinstated</u>
<input type="checkbox"/>					

Member Signature:

Date:

Revised 03/21/2011