

License No.

(For Office Use Only)

DHCA

MONTGOMERY COUNTY

DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

MAIL APPLICATION TO: Licensing and Registration • 1401 Rockville Pike, 4th Floor • Rockville, Maryland 20852

Telephone 240-777-0311 • TTD 240-777-3679 www.montgomerycountymd.gov/dhcalicensing

RENTAL HOUSING LICENSE APPLICATION SINGLE FAMILY AND CONDOMINIUM

 IMPORTANT INFORMATION (Read Carefully): Incomplete applications will delay the license. 	FEE is Not Prorated FEES EFFECTIVE JULY 1, 2023	OFFICE USE ONLY
 Application MUST be signed. Application MUST include payment. Payment: Check or Money Order only Payable to: Montgomery County MD Refund requests must be made in writing within 90 days of payment and include documentation from bank institution 	\$125.00 \$70.00 Single Family Garden Style Condo Townhouse/Back to Back High Rise Style Condo Duplex/Quadraplex Piggyback Townhouse [This is an annual fee] Fiscal Year: July 1 to June 30	Entered By Date Entered Deposit By

RENTAL PROPERTY INFORMATION:

	l Street	Addres	s																Unit a	#		
					<u>MD</u> Zip Code								Unit # Date of Purchase (date) {If within 6 months, include HUD-1/Closing Forr									
Start I	Date of	Rental _					R	ent \$_					Y	ear Bui	lt							
of C)ccupan	s			#	of Kitc	hens			# 0	of Bed	Irooms				# o	f Base	ment	Bedroc	oms		
s Ter	nant Rel	ated to	Owner	? YES	6 🗆	NO	□ If so,	how is	tenan	t relate	ed?				N	ame of	Relat	ve				
; this	a New	Owner/	Transfe	er of E	xisting	g Licer	nse? YE	S 🗆	NO 🗆	- \$10	Trans	sfer Fe	e for N	ew Ow	ners as	suming	Licen	sed Pr	operty			
	NER II ary Own						ole Ov		-						-			Cor	porat	ion		
Stree	t Addre	SS												[A L	egal Ag	ent Is R	equire	l lf you	use P	O Box	or Out	of State
City_										_ State	e		Coun	ry				Zip	Code _			
Vork	Phone	#					Ho Fa:								Cellu	lar Pho	one # _					
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AGENT or MANAGEMENT INFORMATION: *Administrative Agent

Management

							(Admi	nistrat	ive Ag	ent w	ill rece	eive al	rene	wal bil	<u>is)</u>
Company Name:															
Street Address															
City	St	ate		C	ountry _				_ Zip	o Code	e				
Nork Phone#	Cellular Ph	one # _					F	ax Ph	one #						
Email Address: (Please Print)	- 1 1														
Resident or Legal Agent: * * * * * Legal Agent REQUIRED		r doo	s not li	vo in t	ha St	ate of	Mar	vland	1 or 1	usin	n a P		۰×* *	* * *	
								-			-				
Resident/Legal Agent Name					-		-	-	and i	<i>Resia</i>	ient –	Can	not L	be Tel	iantj
Company Name:															
Street Address															
City															
Nork Phone#	Cellular Ph	one # _						rax Pr	ione #	F					
Email Address: (Please Print)															
Legal Agent's Signature Required								Date							
Maryland State law requires all owners rent before January 1, 1978, it is required to be	tested for lea	ad pois	soning. [Statuto	ry requ	iireme	nts of	Artic							
 before January 1, 1978, it is required to be 1. Is the property built before January 1, 1978 If answer to question #1 is NO, <u>DO N</u> If the answer is YES, please comple 2. Is this property registered with MDE? 	tested for lea ? Y <u>NOT</u> answer q ete questions. YES □ N	ad pois ES □ luestio	soning. [NO □	Statuto Year	ry requ Built: _	lireme	nts of	Årtic	le 24,	Polit	ical Ś	ubdiv	rision		
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