



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

255 Rockville Pike, Suite 100; Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

ENTERPRISE LICENSE APPLICATION

Application is hereby made for a license to operate an enterprise in Montgomery County, Maryland

New []

Renewal []

TODAY'S DATE _____

Name of Establishment: _____

Location of Establishment: _____

Street Number and Street Name

Telephone Number: _____

City

State

Zip Code

Include Area Code

Name of Owner: _____

Address of Owner: _____

Street Number and Street Name

Telephone Number: _____

City

State

Zip Code

Include Area Code

Federal Tax Identification #: _____

Type of Enterprise: _____ Capacity of Establishment: _____

(Please refer to Fact Sheet for Types of Enterprises)

Signature: _____ Title: _____

Printed Name of Above Signature: _____

Contact Person's Name: _____ Daytime Telephone: _____

Include Area Code

Fax Telephone: _____ Email Address: _____

Include Area Code

OFFICE USE ONLY

Receipt Number: _____

Date Issued: _____

Amount Paid: _____

Date Expires: _____

Check/Money Order Number: _____

Record Number: _____

Payment Method Fee Information: Please refer to Fee Schedule

[] Check [] Money Order (No cash is accepted) [] Visa [] MasterCard (No other credit cards are accepted)

Organization: _____ Cardholder's Name: _____

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

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

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".