



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 LICENSE APPLICATION (ESTABLISHMENT)**
LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON

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.: () _____ Fax No.: () _____

Name of Owner/Corporation: _____ Telephone No.: () _____

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

Telephone No.: () _____ Email: _____

Video Game Owners: (Use Reverse side if necessary to list all Video Game Owners)

1. Name: _____ Telephone No. (): _____
 Address of Video Facility: _____
 (include street number, suite number, street name, city, state, and zip code)

2. Name: _____ Telephone No. (): _____
 Address of Video 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 the **\$25.00** late application fee.

Submit completed application and fee to address above. **CASH IS NOT ACCEPTED.** Checks/Money Orders payable to "Montgomery County, Maryland". **Payment Type (Check one payment method below):**

Check or Money Order Visa or MasterCard only (complete credit card section below)

OFFICE USE ONLY		
Receipt No.: _____	Date Issued: _____	Staff Initials: _____
Amount Paid: _____	Date Expires: _____	
Check/Money Order No.: _____	Credit Card Approval Code (MC/VISA): _____	

- **CREDIT CARD PAYMENT SECTION** (confidential fax line for credit card payment: 240-777-4531)

FEE: \$125.00 per facility **LATE FEE: \$25.00 per facility**
 Organization: _____ Credit Cardholder's Name: _____
 Credit Card No: _____ Exp. Date: _____ 3 Digit Security Code: _____ Amount Charged: \$ _____

I agree to pay the above total amount according to the card issuer agreement:
 Cardholder's Signature: _____