



Montgomery County Department of Health and Human Services  
 Licensure and Regulatory Services  
 255 Rockville Pike, 1<sup>st</sup> Floor, Suite 100, Rockville, Maryland 20850  
 Phone: 240-777-3986 / Fax: 240-777-3088  
[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**VIDEO GAME LICENSE APPLICATION\*\* (OWNER)**  
**LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON**

New    Renewal    Change of Owner   **TODAY'S DATE:** \_\_\_\_\_

**Name of Owner/Corporation:** \_\_\_\_\_

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

**Telephone No.:** (   ) \_\_\_\_\_   **Fax No.:** (   ) \_\_\_\_\_

**Federal Tax ID No.:** \_\_\_\_\_   **Email:** \_\_\_\_\_

**Workers' Compensation Insurance Company Name:** \_\_\_\_\_

**Policy/Binder No:** \_\_\_\_\_    Check here if this facility is operated by a sole proprietor with no employees or by members of a partnership or LLC, and a Certificate of Compliance has been obtained. You must submit a copy of the Certificate of Compliance with this application.

**Name of Facility:** \_\_\_\_\_   **Telephone No.:** (   ) \_\_\_\_\_

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

**Owner of Video Facility:** \_\_\_\_\_   **Total No. of Video Games at Facility:** \_\_\_\_\_

\*\* Montgomery County Code 56A-3(e) states "Any change in the information stated on the license, including the acquisition of additional video games, and the transfer of ownership, 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 APPLICANT:** \_\_\_\_\_

**PRINTED NAME AND TITLE OF APPLICANT:** \_\_\_\_\_

The Licensing Fee is **\$125.00** per video game. 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 video game**   **LATE FEE: \$25.00 per video game**  
 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: \_\_\_\_\_