



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
2425 Reedie Drive, 9th Floor
Wheaton, Maryland 20902
240-777-3986 / Fax 240-777-3088 or 240-777-4531
www.montgomerycountymd.gov/licensure

TRANSIENT LODGING FACILITY LICENSE APPLICATION

Application is hereby made for a license to operate a Transient Lodging Facility in Montgomery County, Maryland

NEW * RENEWAL TODAY'S DATE:

Name of Facility: Telephone No.:

Address of Facility:

Fax No.: Email Address:

Resident Manager: Telephone No.:

Name of Owner: Telephone No.:

Address of Owner:

Federal Tax Identification #:

Worker's Compensation Insurance: Policy Number:

Type of Facility (check one and number of rooms)

Hotel \$690: Bed and Breakfast \$150:

Has any applicant been adjudged guilty of violating any of the following provisions of Article 27 of the Annotated Code of Maryland as amended: Sections 16 to 18 inclusive (bawdy houses and house of ill fame), Section 133 (disorderly houses), Sections 288 to 291 inclusive and Sections 296, 297, 300, 301 (gaming), Section 343 (illegal keeping of or sale of narcotics), Section 497 to 498 (opium joints), Section 128 (disturbance of the peace?)

Yes No If the answer to any of the above is yes, please attach an explanation to this application.

Signature of Applicant:

Printed Name of Applicant:

*Note: New applicants must attach a current Use and Occupancy Permit and Fire Marshal approval.

Submit completed application and application fee to address listed above. Checks or Money Orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY

Receipt No.: Date Received: Staff Initials:
Amount Paid: Date Expires:
Check/Money Order No.: Credit Card Approval Code (MC/VISA):

CREDIT CARD PAYMENT SECTION

Credit Cardholder's Name: Amount: \$

Credit Card No: Exp. Date: 3 Digit Security Code:

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

Cardholder's Signature: