



**Montgomery County Department of Housing and
Community Affairs (DHCA)
Licensing and Registration Unit**
100 Maryland Avenue, Room 260, Rockville, Maryland 20850
240-777-3799 • FAX 240-777-3699 • TTD 240-777-3679
<http://montgomerycountymd.gov/dhca>

**Single-Family\Condominium
RENTAL FACILITY
LICENSE APPLICATION**

- Please print clearly or type.
- Application **MUST** be signed by the property owner, not agent.
- Legal Agent must be assigned if owner lives outside Maryland.
- Payment by check or money order must accompany application.
- Make checks payable to MONTGOMERY COUNTY, MD.
- Mail completed application with payment to address above.

OFFICE USE ONLY	
License #	_____
Year Built	_____
Date Recorded	_____
Entered By	_____
Deposit	_____
Pending	_____

Fiscal Year – July 1 to June 30

I. RENTAL PROPERTY ADDRESS

Street Number	Street Name	Unit#
_____	_____	_____
City	State	Zip
_____	MARYLAND	_____

Owner's Emergency Phone Number _____	Name of Homeowners/Condominium Association _____
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Start Date of Rental _____ (mmdyyy)	Rent _____
Number of Kitchens? _____	Number of Bedrooms? Top Floor _____
Number of Office(s)/Den(s)? _____	Main Floor _____
	Basement _____

II. OCCUPANT INFORMATION

Is the property: Relative Occupied?.....YES NO
Circle Relationship to Owner: Spouse, Sibling, Parent, Grandparent, Child, or Grandchild

If YES; you **DO NOT** need to pay the License Fee

III. LICENSE FEE/STRUCTURE TYPE

The fiscal licensing year is **July 1 through June 30. FEES ARE NOT PRORATED IN A LICENSING YEAR.**

Structure Type	Check one	Annual Unit Fee	Structure Type	Check on	Annual Unit Fee
Single Family Detached House	<input type="checkbox"/>	\$98.00	Condo/Garden Apartment	<input type="checkbox"/>	\$56.00
Townhouse	<input type="checkbox"/>	\$98.00	Condo/High-rise Apartment	<input type="checkbox"/>	\$56.00
Duplex	<input type="checkbox"/>	\$98.00	Stacked Piggyback Townhouse	<input type="checkbox"/>	\$56.00
Back-to-Back Townhouse	<input type="checkbox"/>	\$98.00			
Quadraplex	<input type="checkbox"/>	\$98.00			

Please note: Montgomery County Government now uses the services of CheckAgain – Enhanced Check Management Services.
 If your check is returned unpaid, your account will be debited electronically for the original check amount and electronically or via paper for the state's maximum allowable service fee. Payment by check constitutes authorization of these transactions. You may revoke your authorization by calling (800)666-5222 ext. 2 to arrange payment for any outstanding checks and service fees due. www.checkagain.com

IV. OWNERSHIP INFORMATION: Determine ownership type and complete only the corresponding section .

A. SOLE OWNERSHIP (Individual) or [Agents address not acceptable]

Mr.
Mrs.
Ms.

First Owner's Name

Street (If P.O. Box used, you must Assign a Legal Agent.)

City State/Country Zip

Daytime Phone Evening Phone

Fax# Cellular Phone

Email Address

Mr.
Mrs.
Ms.

Second Owner's Name (if applicable)

Street

City State/Country Zip

Daytime Phone Evening Phone

Fax# Cellular Phone

Email Address

B. PARTNERSHIP or LIMITED LIABILITY COMPANY or

Name of Partnership or LLC

Partnership Street Address

City State Zip

Daytime Phone Evening/Cellular Phone
(Circle One)

Fax# Email Address

Mr.
Mrs.
Ms.

*****Partner's/Member's Name**

Partner's Street Address

City State Zip

Daytime Phone Evening/Cellular Phone
(Circle One)

Fax# Email Address

***Must provide info for all partners/members holding 10% or more interest, please provide additional partner/member info on a separate sheet.

C. TRUST or

Name of Trust

Daytime Phone Evening/Cellular Phone
(Circle One)

Fax# Email Address

Trustee's Name

Trustee's Street Address

City State Zip

D. CORPORATION

Name of Corporation

Corporation Street Address

City State Zip

Daytime Phone Evening/Cellular Phone
(Circle One)

Fax# Email Address

Name of Maryland Resident Agent

Resident Agent's Street Address

City State Zip

Daytime Phone Evening/Cellular Phone
(Circle One)

Fax# Email Address

Corporation President's Name

Corporation President's Street Address

City State Zip

Daytime Phone Evening/Cellular Phone

Fax# Email Address

V. CONTACT INFORMATION

A. Administrative Agent

(Retaining an Administrative Agent is not required. If this section is left blank, owner will serve as administrative agent.)

Who should we contact for business purposes, such as annual license renewal?

Owner

or

Administrative Agent as Listed Below

Mr. Mrs. Ms.	_____	_____		
Agent's Name		Street Address		
Agent's Company Name (if applicable)	_____	City	State	Zip
Daytime Phone	Evening/Cellular Phone (circle one)	Fax#	Email Address	

B. Legal Agent (must be provided)

County law requires all owners to assign a Legal Agent to receive legal service of process. Owners residing in Maryland may designate themselves. Owners who do not reside in Maryland **MUST** designate a Legal Agent who resides within the State of Maryland.

Please Note:

- ❖ The Legal Agent cannot be your tenant (This can be a family member, friend, realtor, etc.).
- ❖ You must provide the Legal Agent's Maryland **HOME** address.
- ❖ The Legal Agent **MUST** sign below to accept responsibility as agent.

Owner designates self as Legal Agent and resides in the STATE OF MARYLAND
(Home address already provided under Ownership Information.)

Owner designates the below named Maryland resident as Legal Agent

Mr. Mrs. Ms.	_____	_____	_____
Legal Agent's Name (Print or Type clearly above)		Daytime Phone	Evening/Cellular Phone (circle one)
Legal Agent's HOME Street Address	_____	_____	_____
_____ Maryland _____	City	Zip	Fax#
			Email Address
<i>I understand and accept responsibility as Legal Agent for service of legal process:</i>			
X	_____	_____	_____
Legal Agent's Signature			Date

VI. LEAD POISONING PREVENTION CHECKLIST – (must be completed)

Maryland law requires that all owners of residential rental property comply with the State Lead Poisoning Prevention requirements and that proof of compliance be provided to local government before authorizing a property to be rented. State Law: Properties built before January 1, 1950 are required to be tested for lead paint.

Please Note:

- ❖ You **MUST** provide the following information before your property will be licensed to operate as a rental facility in Montgomery County.
- ❖ Further information regarding Lead Poisoning Prevention and compliance may be obtained through Maryland Department of the Environment (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 or 410-537-4199.
- ❖ **Photocopies of Inspection Certificates must be mailed with application for those homes built before January 1, 1950.**

1. Was this residential rental property built before January 1, 1950?

Yes No Provide Year Built _____.

If YES, you **must answer the remaining questions. If NO, go directly to signature below.*

2. Is this property registered with MDE?

Yes No

**If YES, enter MDE Tracking # _____.
(Formerly referred to as the MDE owner number.)*

**If NO, please contact (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 or 410-537-4199 for information on registration requirements.*

3. Is the property registration current?

Yes No

**If NO, please contact (MDE) online at www.MDE.state.md.us or by telephone at 1-800-633-6101 or 410-537-4199 for information on registration requirements.*

4. What is your Lead Inspection Certificate # for current tenancy _____

Photocopies of Lead Inspection Certificates Must be mailed to DHCA/Licensing Unit for Properties Built Before 1950

{Each time tenants change, you MUST get property re-inspected and submit copy of new certificate to DHCA}

VII. OWNER'S SIGNATURE (Agent's signature not acceptable)

I affirm under penalty of perjury that the above information is true to the best of my knowledge and belief. I also understand that if there are any changes in property ownership, owner address, or agent/contact information that I must notify Montgomery County Department of Housing and Community Affairs, Licensing and Registration Unit within 10 days of the change.

X _____

Owner's Signature (Agent's cannot sign in place of owner)

Date

Print or Type Name of Person Signing

Owner, Did You Remember To:

- Signed the application? Designated a Legal Agent in Maryland?
- Completed Lead Poisoning Prevention Checklist? Photocopy of Lead Inspection Certificate?
- Enclose License Fee as Check or Money Order Payable to Montgomery County?