



Montgomery County Department of Housing and Community Affairs  
 Licensing and Registration Unit  
 100 Maryland Avenue, 4<sup>th</sup> Floor, Rockville, Maryland 20850 • 240-777-3666  
 FAX 240-777-3699 • TTD 240-777-3679 • www.montgomerycountymd.gov/dhcalicensing

# Multi-Family Apartment Complex RENTAL FACILITY LICENSE APPLICATION

- Please print clearly or type. Answer all applicable questions.
- Completed application **MUST** be signed by the property owner.
- Legal Agent **MUST** be assigned.
- Payment by check or money order **MUST** accompany application.
- Make checks payable to Montgomery County, Maryland.
- Mail completed application with payment to address noted above.

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

## I. RENTAL PROPERTY INFORMATION

Is this a transfer? Yes / No

Name of Complex \_\_\_\_\_

ON SITE OFFICE ADDRESS: *(if applicable)*

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

Emergency Phone Number \_\_\_\_\_

## II. LICENSE FEE

The licensing year is **July 1 through June 30** and fees cannot be prorated.  
 The annual license fee is \$38.00 per rental unit. Please calculate the total amount due as follows:

<b>Total Number of Residential Rental Units</b> <i>(Do Not include Units used for Offices or Models)</i>	_____	<u>List of addresses for all rental units</u> <i>(including apartment number if applicable)</i> <b>MUST Accompany every Application!</b>
Per unit License Fee	X \$38.00	
<b>TOTAL AMOUNT DUE</b>	_____	<i>Total Payment Due <b>MUST</b> Accompany Application. Make Checks Payable to Montgomery County, Maryland</i>

**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](http://www.checkagain.com)

**III. OWNERSHIP INFORMATION** Please provide owner information in the appropriate section only.

**A. Sole Proprietorship (Individual) or**

<b>First Owner's Name</b>	<b>Second Owner's Name (If applicable)</b>
First Owner's Street Address (If P.O. Box, Must Assign Legal Agent)	Second Owner's Street Address
City State Zip	City State Zip
Daytime Phone Evening Phone	Daytime Phone Evening Phone
Fax# Email Address	Fax# Email Address

**B. Partnership or Limited Liability Company or**

<b>Name of Partnership or LLC</b>	<b>*** Partner's/Member's Name</b>
Partnership/LLC Street Address	Partner's/Member's Street Address
City State Zip	City State Zip
Daytime Phone Evening Phone	Daytime Phone Evening Phone
Fax# Email Address	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. Corporation or**

<b>Name of Corporation</b>	<b>Name of Maryland Resident Agent</b>
Corporation Street Address	Resident Agent's Street Address
City State Zip	City State Zip
Daytime Phone Evening Phone	Daytime Phone Evening Phone
Fax# Email Address	Fax# Email Address
<b>Corporation President's Name</b>	
Corporation President's Street Address	Daytime Phone Evening Phone
City State Zip	Fax# Email Address

**D. Trust**

<b>Name of Trust</b>	<b>Trustee's Name</b>
Trustee's Street Address	Daytime Phone Evening Phone
City State Zip	Fax# Email Address

#### IV. CONTACT INFORMATION

Contact name or address changes **MUST** be reported to the Department within 10 days of the change.

##### A. ADMINISTRATIVE AGENT

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

Owner as listed.     Administrative Agent as listed below

\_\_\_\_\_  
**Agent's Name**

\_\_\_\_\_  
Agent's Street Address

\_\_\_\_\_  
Agent's Company Name (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Email Address

##### B. MANAGING AGENT

Who is responsible for the day-to-day management of the rental facility?

Owner as listed.     Administrative Agent listed above.     Other firm or individual listed below

\_\_\_\_\_  
**Management Representative's Name**

\_\_\_\_\_  
Management's Street Address

\_\_\_\_\_  
Management Company Name (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Email Address

##### C. LEGAL – must be provided

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

♦The Legal Agent cannot be your tenant. ♦You must provide the Legal Agent's MARYLAND 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 provided under Ownership Information.)

Owner designates the below named Maryland resident as Legal Agent

\_\_\_\_\_  
**Legal Agent's Name**

\_\_\_\_\_  
Legal Agent's Street Address

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
Maryland

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Fax#

\_\_\_\_\_  
Email Address

***I understand and accept responsibility as Legal Agent for service of legal process:***

**X**

\_\_\_\_\_  
**Legal Agent's Signature**

\_\_\_\_\_  
**Date**

## V. 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.

### 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](http://www.MDE.state.md.us) or by telephone at 1-800-633-6101 or 410-537-4199.
- ❖ Copies of certificates must be provided for units built before January 1, 1950.

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

Yes  No  Year Built \_\_\_\_\_.

If YES, you **must** answer the remaining questions. If NO, skip to signature.

### 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](http://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](http://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 \_\_\_\_\_

\*Copies of Lead Inspection Certificates Must be Provided for Properties Built Before 1950\*

NOTE: All multi-family properties built before 1950 MUST list Lead Inspection Certificate #'s for each rental unit.

## VI. LEASE AGREEMENT

I have attached a copy of the lease agreement being offered to prospective tenants, including all lease addenda, rules and regulations and rental application forms referenced in the subject lease **or**

I will be using the County's sample lease agreement approved by the Montgomery County Commission on Landlord-Tenant Affairs and AOBA

## VII. OWNER'S SIGNATURE (*Agent 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 within 10 days of the change.*

**X** \_\_\_\_\_

Owner's Signature (*Agent signature not acceptable*)

\_\_\_\_\_ Date

\_\_\_\_\_ Print or Type Name of Person Signing

### HAS THE OWNER:

- Enclosed a list of rental units with building street address and unit number?  Signed the Application?
- Designated a Legal Agent in Maryland?  Completed Lead Poisoning Prevention Checklist?
- Enclosed copy of lease being used (with attachments) or confirmed using County's sample lease?
- Enclosed Payment?  **Make Check Payable to: Montgomery County, Maryland**