



**ANNE ARUNDEL COUNTY
DEPARTMENT OF INSPECTIONS & PERMITS**

License Section—MS 6006
2664 Riva Road • Annapolis, MD 21401 PH 410-222-7788

MDL _____
Initial Transfer Renewal

Date _____

APPLICATION FOR OPERATING LICENSE FOR MULTIPLE DWELLING OR ROOMING HOUSE

Return this form with your check payable to Anne Arundel County

Name of Facility _____ Address of Facility _____
Tax Account # _____ Zip Code _____ # of Stories _____
Elevators? Yes/No # of Structures _____ Building Permit # _____ or Existing Building Yes/No
Type of Heat _____ Air Conditioning _____
Water Supply: Private Public Sewage Disposal: Private Public Registered with MDE Lead Program? Yes/No

Specify the nature and number of units in this facility

Apartment : Total # _____ Units: Efficiency _____, 1 Bedroom _____, 2 Bedroom _____, 3 Bedroom _____
4 Bedroom or more _____, # Vacant Units _____ # Households on waiting list _____
Age Restricted Units _____ # Fair Housing Act (FHA)/ADA Units _____
 No utilities included in rent.
 Utilities included in rent: Gas Electric Water Sewer Trash Recycling Heat Cable TV Internet
 Accept tenant based housing vouchers or subsidies Have project based voucher units Income restricted units
 Community financed with other federal/state subsidy programs: _____
 Public spaces accessible to individuals with disabilities Wheel chair accessible route throughout the community.
Federal Fair Housing (FHA) & Americans Disabilities Act (ADA)? Very Familiar Somewhat Familiar Not Familiar
 Motel or Hotel : Total # of Rooms _____ **Dormitory**: # of Rooms _____ # of Beds _____
 Bed & Breakfast Establishment or Rooming House: # of guest rooms _____

Name of Owner: _____ Telephone: _____
Owner's Address: _____ Zip Code: _____
All correspondence should be directed to: _____ Phone: _____
Address: _____ Zip Code: _____

Email address: _____

If transfer of ownership, state name of previous owner _____

The applicant hereby certifies and agrees as follows: (1) that he is the owner of, or the duly authorized Agent of the owner of the facility on this application; (2) that he has read all of the information above set forth and that the same is correct; (3) that the license, if issued, may be declared void should said information be incorrect; (4) that he will comply with all rules and regulations of all Departments of Anne Arundel County which are applicable hereto; (5) that owner grants to Anne Arundel County a right of entry to the property for the purpose of inspecting for compliance with Anne Arundel County law. Denial of entry for inspection may result in revocation of this license; (6) that he will notify the Department within 7 days if there is a change of ownership or in the Agent(s) who are listed above; (7) such notice shall include the name and address of the person or persons succeeding in the ownership or control of such multiple dwelling or room house.

If owner is not a resident of Anne Arundel County, list his Agent and an alternate Agent, (a non-resident applicant may be one of the two) for the receipt of notices of violation of the provisions of the Construction and Property Maintenance Code and for services of process pursuant to the Code. Signatures of all such Agents must be acknowledged before a Notary Public. The applicant may designate any person, residing in Anne Arundel County, as his Agent or alternate Agent for this purpose. By completing the Agent and Alternate agent section of this application, the applicant is authorizing each agent so designated to act on his behalf. Provide the agent information on separate attachments to this application.

DO NOT WRITE BELOW THIS LINE

Approved: _____
Units _____ Health _____ Fire Marshal _____ Zoning _____