



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-2368
240-777-3986 Fax 240-777-3088

TRANSIENT LODGING FACILITY LICENSE APPLICATION

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

New [] Renewal [] (Please Print) TODAY'S DATE _____

Name of Facility: _____ Phone #: _____
(Include Area Code)

Address of Facility: _____
Street Number and Street Name

City State Zip Code

Name of Owner: _____ Phone #: _____
(Include Area Code)

Federal Tax Identification #: _____

Fax Telephone: _____ Email Address: _____
(Include Area Code)

Address of Owner: _____
Street Number and Street Name

City State Zip Code

Resident Manager: _____ Phone #: _____
(Include Area Code)

Type of Facility (check one) Number of Guest
[] Hostel (Hotel, Motel, Motor Court, etc.) _____
[] Tourist Home _____
[] Rooming House _____
[] Boarding House _____

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.

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

OFFICE USE ONLY
Receipt Number: _____ Date Issued: _____
Amount Paid: _____ Date Expires: _____
Check/Money Order Number: _____ Record Number: _____

Fee Information: Link to Fee Schedule. License Fee: _____ Other Fee(s) (if any): _____ Total Due: _____

Payment Method

[] Check [] Money Order (No cash is accepted) [] Visa [] MasterCard (No other credit cards are accepted)

Organization: _____ Cardholder's Name: _____

Credit Card No: _____ Exp. Date: _____ Amt \$: _____

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

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".