DEPARTMENT OF HEALTH AND HUMAN SERVICES
Licensure and Regulatory Services
255 Rockville Pike, Suite 100, 1st Floor
Rockville, Maryland 20850-2368
240-777-3986 Fax 240-777-3088
www.montgomerycountymd.gov/licensure

ENTERPRISE LICENSE APPLICATION

Application is hereby made for a license to operate an enterprise in Montgomery County, Maryland

New ❒ Renewal ❒ TODAY'S DATE:_____

Name of Establishment:_____

Location of Establishment: _____
Street Number and Street Name
_____ Telephone Number:_____
City *State* *Zip Code*

Name of Owner:_____

Address of Owner:_____
Street Number and Street Name
_____Telephone Number:_____
City *State* *Zip Code*

Federal Tax Identification #: _____Type of Enterprise: _____

Capacity of Establishment:_____
(Please refer to Fact Sheet for Types of Enterprises)
Signature:_____Title:_____

Printed Name of Above Signature:_____

Contact Person's Name:_____ Daytime Telephone No:_____

Fax Telephone No:_____ Email Address:_____

I hereby certify that the above information is accurate and complete:

Signature of Vendor: _____

Printed Name and Title of Above Signatory:_____

Payment Method: **Cash is not accepted**. Make checks or money orders payable to "**Montgomery County, Maryland**". Credit card payments may be faxed to 240-777-4531 (confidential fax line).
☐ Check ☐ Money Order ☐ Visa ☐ Mastercard Organization:_____**Fee**: $_____

Credit Cardholder's Name:_____
Credit Card No: _____ Exp. Date:_____3 Digit Security Code:_____ Amount: $_____
I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

OFFICE USE ONLY:	**Mgr Approval:**_____	**Date Approved:**_____
Receipt No:_____	**Date Issued:** _____	**Date Expires:**_____
Amount Paid:_____	**Check/Money Order No:**_____	**Staff Initials:**_____