



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville Pike, Suite 100, 1st Floor
Rockville, Maryland 20850
Phone: 240-777-4486 / Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

TRANSIENT LODGING FACILITY LICENSE APPLICATION

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

[] NEW * [] RENEWAL TODAY'S DATE: _____

Name of Facility: _____ Telephone No.: _____

Address of Facility: _____

Fax No.: _____ Email Address: _____

Resident Manager: _____ Telephone No.: _____

Name of Owner: _____ Telephone No.: _____

Address of Owner: _____

Federal Tax Identification #: _____

Worker's Compensation Insurance: _____ Policy Number: _____

Type of Facility (check one and number of guests)

- [] Rooming House: _____ [] Tourist Home: _____
[] Boarding House: _____ [] Hostel (Hotel, Motel, Motor Court, etc.): _____

Has any owner or operator of proposed establishment been convicted of violating the following provisions of the criminal law article of the Maryland Code: (a) Section 10-202 (keeping disorderly house); (b) Title 12 (gaming); (c) Title 5 (controlled dangerous substances, prescriptions, and other substances); or (d) Section 10-201 (disturbing the public peace and disorderly conduct).?

[] Yes [] No If the answer to any of the above is yes, please attach an explanation to this application.

Signature of Applicant: _____

Printed Name of Applicant: _____

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

Submit completed application and application fee to address listed above. Checks or Money Orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY

Receipt No.: _____ Date Issued: _____ Staff Initials: _____
Amount Paid: _____ Date Expires: _____
Check/Money Order No.: _____ Credit Card Approval Code (MC/VISA): _____

CREDIT CARD PAYMENT SECTION (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder's Name: _____ Amount: \$ _____

Credit Card No: _____ Exp. Date: _____ 3 Digit Security Code: _____

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

Cardholder's Signature: _____