



2425 Reedie Drive, 7th Floor
Wheaton, MD 20902
240-777-0311
montgomerycountymd.gov/dps

Application for Benefit Performance Permit

A. Application Information

Date of Application _____ License # _____

APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED (Please Print)

***To review our current procedures & fees please visit our website at: [DPS/Licensing – Benefit Performance](#) or call 311; 240-777-0311 (if outside Montgomery County) for current fee schedule**

B. Site/Property Address

Location of Benefit Performance: _____

C. Applicant Contacts

Name of Responsible Person: _____

LAST

FIRST

MIDDLE

Name of Organization: _____

Mailing Address: _____

CITY STATE ZIP CODE

Day Phone: _____ Evening Phone: _____

D. Custom/Purpose

Type of Benefit Performance: _____

If this is a carnival list name and telephone number of owner.

Date and Time of Benefit Performance: _____

Nearest Cross Street: _____

Distance to Nearest Dwelling in Feet: _____

Is Food Being Served? Yes No

If yes, have you applied for a Food Service License? Yes No

If yes, please attach copy of documentation (s) from the Department of Health and Human Services

Are Alcoholic Beverages Being Served Yes No

If yes, please attach copy of documentation (s) from the Board of License Commissioners (temporary alcoholic beverage)

PLEASE COMPLETE AND SIGN REVERSE SIDE

***LICENSE FEE:** To review our fee schedule please DPS website at: [DPS/Licenses - Benefit Performance](#)

* Payment shall be made by check, cash or money order made payable to Montgomery County Government.

***NOTE: A COPY OF THE ORGANIZATION'S FEDERAL TAX EXEMPTION NUMBER MUST BE SUBMITTED WITH THE APPLICATION OR VERIFICATION THAT THE ORGANIZATION IS IN COMPLIANCE WITH THE MARYLAND CHARITABLE SOLICITATIONS ACT TITLE 6 BUSINESS REGULATION, ARTICLE SECTION 6-101 AND SECTION 6-411 OF THE ANNOTATED CODE OF MARYLAND.**

I. Affidavit

I, as applicant, do solemnly avow that all statements are true, that the organization is bonafide, and that I am aware of the penalties for operating in violation of the requirements of the Montgomery County Code.

Applicant's Original Signature _____

Date _____

Print Name _____

Date _____

H. For Official Use Only

Receipt # _____

Date Application _____

Approved _____

Disapproved _____

Reviewer _____

Remarks _____