



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

2425 Reddie Drive, 9th Floor, Wheaton, MD 20902

Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531

www.montgomerycountymd.gov/licensure

VIDEO GAME LICENSE APPLICATION** (OWNER)

LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON

[] New [] Renewal [] Change of Owner

TODAY'S DATE: _____

Name of Owner/Corporation: _____

Address of Owner/Corporation: _____
(include street number, suite number, street name, city, state, and zip code)

Telephone No.: () _____ Fax No.: () _____

Federal Tax ID No.: _____ Email: _____

Workers' Compensation Insurance Company Name: _____

Policy/Binder No: _____ [] Check here if this facility is operated by a sole proprietor with no employees or by members of a partnership or LLC, and a Certificate of Compliance has been obtained. You must submit a copy of the Certificate of Compliance with this application.

Name of Facility: _____ Telephone No.: () _____

Address of Facility: _____
(include street number, suite number, street name, city, state, and zip code)

Owner of Video Facility: _____ Total No. of Video Games at Facility: _____

** Montgomery County Code 56A-3(e) states "Any change in the information stated on the license, including the acquisition of additional video games, and the transfer of ownership, shall be reported to the Director within thirty (30) days of the change."

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

SIGNATURE OF APPLICANT: _____

PRINTED NAME AND TITLE OF APPLICANT: _____

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

The Licensing Fee is \$125.00 per facility. Renewal applications received after the license expiration date must include the \$25.00 late application fee.

Submit completed application and fee to address above. CASH IS NOT ACCEPTED. Checks/Money Orders payable to "Montgomery County, Maryland". Payment Type (Check one payment method below):

[] Check [] Money Order [] Visa [] MasterCard only (complete credit card section below)

CREDIT CARD PAYMENT SECTION

FEE: \$125.00 per facility LATE FEE: \$25.00 per facility
Organization: _____ Credit Cardholder's Name: _____
Credit Card No: _____ Exp. Date: _____ 3 Digit Security Code: _____ Amount Charged: \$ _____

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

Cardholder's Signature: _____