



Prince George's County
 Department of Permitting, Inspections
 and Enforcement
ENFORCEMENT DIVISION
 9400 Peppercorn Place, Suite 600
 Largo, Maryland 20774
 (301) 883-6168 ♦ FAX: (301) 883-6050



APARTMENT LICENSE APPLICATION

Name of Apartments: _____ 24 Hr. Emergency Phone #: _____

USE AND OCCUPANCY PERMIT #: _____ (PLEASE PROVIDE A COPY.)

OWNER'S INFORMATION

Owner's Name: _____ Daytime Telephone #: _____
 Telephone #: _____
 Address: _____
Street City State ZIP Code

MANAGEMENT'S INFORMATION

Management's Name: _____ Daytime Telephone #: _____
 Telephone #: _____
 Address: _____
Street City State ZIP Code

Property Manager's Name: _____ Daytime Telephone #: _____

RENTAL OFFICE INFORMATION

Rental Office Address: _____ Daytime Telephone #: _____
 Address: _____
Street City State ZIP Code

MORTGAGE HOLDER'S INFORMATION

Mortgage Holder's Name: _____ Daytime Telephone #: _____
 Address: _____
Street City State ZIP Code

Type of Ownership (Check One):
 * Complete Disclosure Statement attached.

<input type="checkbox"/> Limited Partnership*	<input type="checkbox"/> General Partnership*	<input type="checkbox"/> Sole Proprietorship*
<input type="checkbox"/> Corporation*	<input type="checkbox"/> L.L.C.*	<input type="checkbox"/> Joint Venture*

RESPONSIBLE PARTY

Maryland Resident Agent or, if not a corporation of Limited Partnership, a responsible person for receipt of service of process:
 Name: _____ Telephone #: _____
 Address: _____
Street City State ZIP Code

I HEREBY CERTIFY, UNDER THE PENALTY OF PERJURY, THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

 Signature of Owner or Authorized Representative Printed Name and Title

Sworn and subscribed to before me, a Notary Public of the State of _____ County of _____,
 on the _____ date of _____, _____.

 Notary Public My Commission Expires on: _____