

2. Name and Address of Member Company/Individual

Name Telephone Numbers

Street City State ZIP Code

Type of Ownership (Check One): [] Limited Partnership* [] General Partnership* [] Sole Proprietorship*
* Complete Disclosure Statement attached. [] Corporation* [] L.L.C.* [] Joint Venture*

If a Corporation or Limited Partnership, Name and Address of Maryland Resident Agent, otherwise a responsible person for receipt of service of process:

Name Telephone Numbers

Street City State ZIP Code

3. Name and Address of Member Company/Individual

Name Telephone Numbers

Street City State ZIP Code

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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 _____, 20_____.

Notary Public My Commission Expires on: _____

APARTMENT LICENSE APPLICATION

Entrance No.	Street Name or Number	Number of Dwelling Units

Total Dwelling Units to Be Licensed

Times \$75.00 per Unit = TOTAL LICENSE FEE \$ _____

I have carefully examined and read the above application and know the same is true and correct, and that in renting these dwelling units all provisions of Prince George's County Ordinances and State Laws will be complied with whether herein specified or not.

Signature and Title

Date