

**NEIGHBORHOOD SERVICES**

Neighborhoods@gaitersburgmd.gov

Telephone: (301) 258-6340

Fax: (301) 258-6174

**HOTEL/MOTEL RENTAL FACILITY  
LICENSE APPLICATION**

(In accordance with Chapter 13 and 18AA of the City Code)  
All questions must be answered. Please type or print clearly in ink.

**I. RENTAL FACILITY INFORMATION**

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

City License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Emergency Telephone (evenings and weekends) \_\_\_\_\_

**II. RESIDENTIAL DWELLING INFORMATION**

A. \_\_\_\_\_ Total number of buildings

B. \_\_\_\_\_ Total number of residential dwelling units. (Exclude model apartments and units used exclusively for business purposes, such as the resident manager’s office.)

**Please attach a current rent roll or an address list, including each building number and all apartment numbers in that building, for the entire complex.**

**III. FORM OF OWNERSHIP.** Please choose from the four types listed.

**SOLE PROPRIETORSHIP**

Property is owned by one individual, or by husband and wife.

**A. Individual**

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Secondary Telephone \_\_\_\_\_

**B. Name of Spouse** (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Secondary Telephone \_\_\_\_\_

PARTNERSHIP

(General Partnership, Joint Venture, Limited Partnership, ect.)

Property is owned by two or more individuals, two or more corporations, or a combination of legal entities recognized by Maryland laws as able to do business as a partnership.

**A. Trade name of Partnership**, if not doing business under a trade name write NONE.

Name of Partnership \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Secondary Telephone \_\_\_\_\_

**B. General Partner involved in the partnership of the facility.**

Attach additional sheets as needed.

1. General Partner

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

2. General Partner

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

3. General Partner

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

4. General Partner

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

5. General Partner

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

CORPORATION

Property is owned by a firm doing business as a corporation and legally chartered or registered to conduct business through the State of Maryland.

**A. Corporation information**

Full legal name of Corporation \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

**B. Principal Officer information**

1. Principal Officer

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

2. Principal Officer

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

3. Principal Officer

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

4. Principal Officer

Name (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**C. Agent information**

This section does not apply to Maryland chartered corporations. If the corporation was not chartered by the State of Maryland, list the agent information of its registered agent residing in Maryland. This agent must be able to accept service of process on behalf of the corporation named above. Agents must be registered with the State of Maryland Department of Licensing and Assessments in Baltimore, Maryland.

Name of Agent (first, middle, last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

TRUST

Trust or other form of fiduciary relationship.

**Trust information or other fiduciary** responsible for the execution of all matters pertaining to the day-to-day operations of the facility.

Name of Trust \_\_\_\_\_

Court of Jurisdiction \_\_\_\_\_

Name of Trustee or Fiduciary \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**IV. ASSIGNMENT OF AGENCY**

If it desired that City of Gaithersburg deal with, negotiate with, or otherwise transact business with an agent of the owner, list the name, address, and telephone number of such individuals or firm. It shall be assumed that the agency thus created is complete and all-inclusive of the powers and authorities vested in the owner, unless otherwise stipulated. If it is desired that the City of Gaithersburg deal directly with the owner, please write NONE in the space below. If the name of a firm is provided, such firm must be a legal entity as recognized by the State of Maryland.

Individual

Firm

Name of Firm/Agent \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**V. MANAGEMENT**

If the day-to-day management of the facility is handled by a firm or individual other than the owner, list name and contact information of such a firm or individual. If the same as in section IV, write SAME. If not applicable write NONE.

Individual

Firm

Name of Firm/Agent \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**VI. OFFICE MANAGER**

If the rental facility posses a resident or office manager, please list.  
If there is no manager, please write NONE in the space.

Name of Manager \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**VII. LEGAL SERVICE OF PROCESS**

If the owner of the rental facility does not reside in the State of Maryland, and the agent assigned, per section IV, does not reside in the State of Maryland, the owner must provide the name and contact information of an agent who does reside in Maryland, and is qualified to accept services on behalf of the owner.

Owner resides in Maryland

Owner does not reside in Maryland

Name of Agent \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

**VII. OWNER'S SIGNATURE**

**I herby affirm under penalty of perjury that the information on this application for a rental facility license is true to the best of my knowledge and belief.**

Name of Owner (print) \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Name of Co-owner, if applicable (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Co-owner, if applicable (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Co-owner, if applicable (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_