



Neighborhood Services • 31 South Summit Avenue • Gaithersburg, Maryland, 20877 • Phone: 301-258-6340 • Fax: 301- 258-6174

## MULTI-FAMILY RENTAL FACILITY LICENSE APPLICATION

(In accordance with Chapters 13 & 18AA of the City Code)  
All questions must be answered. Please print clearly, in ink, or type.  
The required licensing fee is **\$110.00** per unit

### I. RENTAL FACILITY INFORMATION

FACILITY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
MAIN OFFICE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
EMERGENCY NUMBER (evenings and weekends): \_\_\_\_\_  
Email Address: \_\_\_\_\_

### II. RESIDENTIAL DWELLING UNIT 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 managers 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 4 types listed.

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

#### A. INDIVIDUAL

NAME (first, middle, last): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DAYTIME NUMBER: \_\_\_\_\_ SECONDARY NUMBER: \_\_\_\_\_

B. SPOUSE NAME (if applicable): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DAYTIME NUMBER: \_\_\_\_\_ SECONDARY NUMBER: \_\_\_\_\_

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**PARTNERSHIP** (General Partnership, Joint Venture, Limited Partnership, etc.)  
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:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**DAYTIME NUMBER:** \_\_\_\_\_ **SECONDARY NUMBER:** \_\_\_\_\_

**B. Name and address of each general partner involved in the ownership of the facility.** Attach additional sheets as needed.

**1. General Partner**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2. General Partner**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**3. General Partner**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**4. General Partner**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**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. FULL LEGAL NAME OF CORPORATION**, which owns facility.

**Corporate Name:** \_\_\_\_\_  
**Business Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone and Contact Name:** \_\_\_\_\_

**B. PRINCIPLE OFFICER INFORMATION**-Names, addresses, and titles of the principle officers of the corporation.

**1. Principle Officer**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2. Principle Officer**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**3. Principle Officer**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**4. Principle Officer**

**Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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, Baltimore, Maryland.

**Agent Name (first, middle, last):** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**TRUST**

Trust or other form of fiduciary relationship.

**A. TRUSTEE 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:** \_\_\_\_\_  
**Trustee or Fiduciary Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**IV. ASSIGNMENT OF AGENCY**

If it desired that City deal with, negotiate with, or otherwise transact business with an agent of the owner, list the name, address, and phone 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 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**

**Firm/ Agent Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**V. MANAGEMENT**

If the day-to-day management of the rental 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**

**Firm/ Agent Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**VI. OFFICE MANAGER**

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

**Manger Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**VII. LEGAL SERVICE OF PROCESS**

If the owner of the rental facility does not reside in the state of Maryland, and if 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

Agent Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**VIII. OWNER'S SIGNATURE**

I hereby 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: \_\_\_\_\_

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

Name of Co-Owner, if applicable: \_\_\_\_\_

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

Name of Co-Owner, if applicable: \_\_\_\_\_

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