

City of Gaithersburg · 31 South Summit Avenue · Gaithersburg, Maryland 20877

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## **HOTEL/MOTEL LICENSE APPLICATION**

*All information must be complete to initiate processing of application*

### **SUBJECT PROPERTY**

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

Street Address \_\_\_\_\_

Number of Buildings \_\_\_\_\_ Total Number of Dwelling Units \_\_\_\_\_ *Exclude model units and those used exclusively for business purposes*

### **PROPERTY OWNER**

TYPE OF OWNERSHIP:

Sole Proprietorship  Partnership  Trust  Corporate

If Trustee, Court of Jurisdiction \_\_\_\_\_

If Corporate, Registered Agent Contact \_\_\_\_\_

Fiduciary Name *(if more than one, attach information separately)* \_\_\_\_\_

Primary or Emergency Contact \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

### **PROPERTY MANAGER OR AGENT** Information should only be provided if an agent will represent the owner as the property manager. All information will be provided to the agent if this section is completed.

Business Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Property Owner/Agent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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