



# Rental License Application

DATE RECEIVED:

Howard County, Maryland  
 Department of Inspections, Licenses, and  
 Permits

3430 Court House Drive  
 Ellicott City, MD 21043  
 Licenses: 410-313-2455  
 Inspections: 410-313-1830  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

License # \_\_\_\_\_

<b>LICENSE APPLICATION</b> <i>(Check One)</i>  <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Update Info <input type="checkbox"/> Transfer Owner	<b>When completing the application, please note:</b>  <i>This form must be signed by the property owner or legally authorized individual (Power of Attorney Required).          Electronic Signatures are not accepted.</i>  <i>The property owner's information may not contain the same address as the rental property address, unless the owner is renting out rooms, a level of a home, or an apartment in their primary residence. Clarification is required under "Type of Rental Unit."</i>  <i>The property owner's information may not contain a PO Box unless listed as a business entity, or an APO/FPO/DPO Box.</i>  <i>The local/resident agent is the person/entity responsible to accept legal process on the behalf of the property owner.</i>
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**RENTAL PROPERTY INFORMATION:      *REQUIRED – PLEASE PRINT OR TYPE***

Physical Property Address:		Unit:
City:	State:	Zip Code:
Subdivision/Village/Complex Name:		

**TYPE OF STRUCTURE:**

Single Family Dwelling    Townhouse    Duplex    Mobile Home    Multi-Family Complex

**PROPERTY OWNER INFORMATION:      *REQUIRED – PLEASE PRINT OR TYPE***

Owner(s) Name(s) <i>(As it appears on tax records)</i> :		
Business Entity <i>(If applicable)</i> : <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other:		
Owner's Address/Principal Office:		
City:	State:	Zip Code:
Phone:	Cell:	Fax:
Email:		
Additional Info:		

**BILLING CONTACT:      *REQUIRED – PLEASE PRINT OR TYPE***

Name:		
Company:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell:	Fax:
Email:		

**PROPERTY MANAGEMENT:      MARYLAND LOCAL OR RESIDENT AGENT:**

<i>(If Applicable)</i>	<b><i>REQUIRED    If owner is out-of-state or a business entity</i></b>
Name:	Name:
Company:	Company:
Address:	Address:
City:	City:
State:	State:
Zip Code:	Zip:
Phone:	Phone:
Cell:	Cell:
Fax:	Fax:
Email:	Email:

**TYPE OF RENTAL UNIT: REQUIRED – PLEASE PRINT OR TYPE**

Single Family Dwelling  Townhouse  Individually Owned Condominium  Duplex  Mobile Home

# of bedrooms in unit(s): \_\_\_\_\_ Other Info: \_\_\_\_\_

Apartment(s)  Accessory Apartment (In Owner's Primary Residence) *Requires Prior Approval from the Department of Planning and Zoning*

# of units: \_\_\_\_\_ Additional Clarification (i.e. location of unit, etc.): \_\_\_\_\_

Hotel  Motel  Bed and Breakfast  Apartment Complex

Rooming Unit(s)

# of units: \_\_\_\_\_ Other Info: \_\_\_\_\_

# of sleeping rooms \_\_\_\_\_ # of tenants \_\_\_\_\_

Group Home  Assisted Living *Sleeping areas in basement must meet minimum egress requirements*

*(Sprinkler system required)*

# of sleeping rooms: \_\_\_\_\_ To be licensed for \_\_\_\_\_ # of clients Other Info: \_\_\_\_\_

**HOME OWNER'S ASSOCIATION OR CONDO ASSOCIATION INFORMATION: REQUIRED – PLEASE PRINT OR TYPE**

Is the property part of a local Home Owner's Association or Condo Association? *(Please Circle One)*  Yes\*  No

*\*If yes, by signing this document, I certify that my association fees are current and/or not more than 30 days past due AND there is no outstanding final adjudication against me/us for failure to pay said fees to the governing association.*

Association Name: \_\_\_\_\_

Association Address: \_\_\_\_\_

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

Association Phone: \_\_\_\_\_ Association Email: \_\_\_\_\_

**PLEASE CHECK/RESPOND TO ALL THAT APPLY:**

Year Built\*\*: \_\_\_\_\_ # of stories (Above Ground): \_\_\_\_\_ Historical District:  Yes  No

**\*\*Properties built before 1978 must provide a physical copy of the Maryland Department of the Environment (MDE) lead certification, which must be kept current.**

*After 02/24/2006, ALL affected properties in which a person at risk (i.e. Under the age of 6, or a pregnant woman), and of whom the owner has been notified in writing, must satisfy the risk reduction standard as specified in § 6-815(a) of the Environment Article.*

MDE Lead Inspection Certificate #: \_\_\_\_\_ Sprinkler System:  Yes  No

Type of Smoke Detector:  Battery Powered  Hard Wired  Combo CO  Unknown

*Smoke detectors are required on each floor level and inside each bedroom of all residential occupancies.*

Water Supply:  Public  Private  Unknown Sewage Disposal:  Public  Private  Unknown

Utilities:  Gas  Electric  Unknown

**AGREEMENT/DISCLAIMER:**

**A rental license application must be on file with the Department of Inspections, Licenses, and Permits, all necessary fees paid, and an inspection conducted and approved, before the issuance of the Rental Housing License. Applications expire 6 months after the date of application if no inspection has been conducted and approved. The Owner's contact information must be kept current to maintain the license.**

I, \_\_\_\_\_ *(Owner, please print)* have carefully examined and read this application and know the same is true and correct, and that in renting this dwelling unit, all provisions of Howard County Ordinances and State Laws will be complied with whether herein or not.

\_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Property Owner Original Signature **REQUIRED** Manager/ Agent Signature *(If Applicable)*

Fee: \$ \_\_\_\_\_ Please make checks payable to: **Director of Finance, Howard County.** Renewable every two years.

**THIS OFFICE MUST BE NOTIFIED IN WRITTING OF ANY CHANGES; I.E. OWNER'S ADDRESS, AGENT BEING ADDED OR DELETED, PROPERTY BECOMING OWNER OCCUPIED, SOLD, OWNERSHIP TRANSFERS, ETC.**

**FAILURE TO DO SO MAY RESULT IN LATE FEES AND CIVIL CITATIONS PER HOWARD COUNTY CODE 14. 901 (d)(1).**

**FOR OFFICE USE ONLY:**

Date Entered: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Check #: \_\_\_\_\_ Invoice# \_\_\_\_\_ Set ID: \_\_\_\_\_