

City of Glenarden
 8600 Glenarden Parkway
 Glenarden, MD 20706
 301-773-2100

SINGLE FAMILY RENTAL LICENSE APPLICATION

SEE REVERSE SIDE BEFORE COMPLETING

All questions must be answered. Print clearly in ink or use typewriter. This form **MUST BE** signed by the Owner or Agent of the rental Facility.

1. Owner's Name, Address, Zip Code _____ Daytime Phone No. _____

2. Management's Name, Address, Zip Code _____ Daytime Phone No. _____

3. Rental Property Address, Zip Code _____ Tenant's Name _____ Daytime Phone No. _____

4. Mortgage Holder's Name, Address, Zip Code _____ Daytime Phone No. _____

5. Mortgage Acct. No.: _____ 7. Exemption: See reverse side to apply for exemption.

6. Dwelling Units this Property (1 or 2) _____

I have carefully examined and read the above application and hereby swear or affirm all information is true and correct under penalty of perjury, and that in renting these dwelling units all provisions of City of Glenarden Ordinances and State Laws will be complied with whether herein specified or not.

Date _____ Signature _____ Title _____

FOR OFFICE USE ONLY

Calculation of fee:

License Fee \$ _____

Penalty \$ _____

Total License Fee \$ _____

Property Tax Acct. No.:

- Structure Type (Check One)
- Single Family detached
 - Townhouse
 - Garden
 - Duplex
 - Quadraplex
 - Highrise
 - Condominium

CONDITIONS TO ISSUED LICENSE

Community Standards Division Approval

Inspector _____ Date _____

City Manager _____ Date _____

License Issued _____ New License No. _____