



Licensing Division, MS-6006  
2664 Riva Road  
Annapolis, MD 21401

# Mobile Home Park Application

\_\_\_\_ Mobile Home Park License  
\_\_\_\_ Transfer License  
\_\_\_\_ Revision of Mobile Home Park

Date of Application \_\_\_\_\_

## Mobile Home Park Information

MHP # \_\_\_\_\_

Park Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
Street/City/Zip

Actual Location of Park \_\_\_\_\_  
Street/City/Zip

Manager's Name \_\_\_\_\_

Phone \_\_\_\_\_ After Hours \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Total Number Spaces in Park \_\_\_\_\_ Number Occupied \_\_\_\_\_ Monthly Rental Fee \_\_\_\_\_

Water \_\_\_Public \_\_\_Private (If Private System) Operator's Name \_\_\_\_\_

Sewerage \_\_\_Public \_\_\_Semi-Public \_\_\_Private (If Private System) Operator's Name \_\_\_\_\_

## Applicant Information

Individual\_\_\_\_ Corporation\_\_\_\_ Partnership\_\_\_\_ FEIN # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

*If Partnership: Provide Name, Date of Birth, and Address of all partners:*

\_\_\_\_\_  
Name DOB Address (Street/City/State/Zip)

\_\_\_\_\_  
Name DOB Address (Street/City/State/Zip)

*If Corporation: Provide Name, Date of Birth, and Address of Resident Agent and all Officers:*

\_\_\_\_\_  
Name Title Address (Street/City/State/Zip) DOB

\_\_\_\_\_  
Name Title Address (Street/City/State/Zip) DOB

\_\_\_\_\_  
Name Title Address (Street/City/State/Zip) DOB

(application continues on reverse side)

**Park Property Owner Information**

Name \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Tax Number(s) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address where records are kept \_\_\_\_\_  
\_\_\_\_\_

*The applicant hereby certifies and agrees as follows: (1) that he is authorized to make this application, (2) that he has read all of the information above set forth and that the same is correct, (3) that the license if issued, may be declared void should said information be incorrect, (4) that he will comply with all rules and regulations of all departments of Anne Arundel County which are applicable hereto, (5) that he will notify the Department of Inspections and Permits in writing if the mobile home park is sold or altered in any way.*

\_\_\_\_\_  
Applicant's Signature Title Date Signed

**Fees:**

Annual License Fee ..... \$5.00 per mobile home space (Include any Unoccupied Spaces)  
Late Fee ..... For renewal applications submitted after December 31, fee is the greater of \$25 or 10 percent of the license fee, per each 30 days the application is late.  
Transfer of License Fee ... \$50.00

**Make checks payable to: Anne Arundel County, Maryland.**

Return application and fee to: License Section, MS 6006  
Department of Inspections & Permits  
2664 Riva Road  
Annapolis, MD 21401

**OFFICE USE ONLY**

**Reviews & Approvals:**

\_\_\_ Fire Marshall  
\_\_\_ Authorized Number of Spaces \_\_\_\_\_  
\_\_\_ MHI Compliance  
\_\_\_ Park Inspection  
\_\_\_ Health Dept  
\_\_\_ County Taxes Paid  
\_\_\_ State Taxes Paid  
\_\_\_ License Fees Paid