



*Licensing Division, MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis, MD 21401
Telephone: (410) 222-7788
Fax: (410) 222-4488
www.aacounty.org*

APPLICATION FOR "CLASS X" DRAG STRIP LICENSE

This license application is to hold drag races not more than three days out of each week for the calendar year _____.

Applicant is a (specify one): Corporation Partnership Individual

Name of Applicant Telephone Number

Address

Trade Name

Address/Location of Drag Strip Telephone Number

Owner of property if different from applicant _____

Complete address of owner of property _____

Days and hours of operation _____

List the names, addresses, titles and dates of birth of all persons holding or having a financial interest in the ownership of business: (If a Corp. list name an addresses of all officers and resident agent).

Name, address and date of birth of resident agent:

Gross tax receipts and admissions and amusements tax account numbers:

Personal Property Tax account number _____

Federal Employer Identification Number _____

1. Attached to this application is proof of public liability insurance that provides minimum coverage of \$300,000.00 for injury to any one person occurring on the premises listed in this application and a minimum coverage of \$500,000.00 for any one accident that occurs thereon.
2. Accompanying this application is a check, payable to Anne Arundel County, in the amount of \$4,500, which is the annual license fee.

I, the undersigned, hereby apply for a license to hold Drag Strip Races in Anne Arundel County, MD and submit the information given herein as true to the best of my knowledge and belief. If a license is issued to me, I will conform to and abide by all the codes of Anne Arundel County governing Drag Strip Races. I acknowledge that the license may be denied or revoked if it is found that the operation is detrimental to the peace, safety and welfare of the community.

Signature of Applicant

State of Maryland
County of Anne Arundel

_____ being duly sworn, deposes and says that _____ is the individual making the foregoing application for a license; that the answers to the foregoing questions and other statements therein are true to the best of his/her knowledge and belief.

Sworn to before me this _____ day of _____, 200_____

Notary Public

*****DO NOT WRITE BELOW THIS LINE*****

REVIEWS

Police _____

Finance _____

Zoning _____

Insurance _____

Comptroller _____

Health Department _____