



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](http://www.aacounty.org)

**APPLICATION FOR  
MOBILE HOME DEALER'S LICENSE**

MHD# \_\_\_\_\_

The undersigned hereby makes application for a Mobile Home Dealer's License in accordance with the terms and provisions of the Anne Arundel County Code. Licenses expire June 30 of each year.

Full Name of Applicant \_\_\_\_\_

Trade Name of Applicant \_\_\_\_\_

Business Address \_\_\_\_\_

City

State

Zip Code

Mailing Address if different from Business Address

City

State

Zip Code

Applicant is an Individual\_\_\_\_ Corporation\_\_\_\_ Partnership\_\_\_\_ Other\_\_\_\_  
Please specify

EIN# \_\_\_\_\_ MD Home Builder Registration Number \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ FAX: \_\_\_\_\_

Are you licensed as a mobile home dealer in other jurisdictions? YES\_\_\_\_ NO\_\_\_\_

*If yes:* Where \_\_\_\_\_

Provide a description of the nature of your business \_\_\_\_\_

Provide a statement of the scope of services offered to clients \_\_\_\_\_

*Continued on reverse*

Attach copies of all forms regularly used by you in the sale of mobile manufactured homes.

Number of forms attached is \_\_\_\_\_.

*The undersigned hereby swears that all the statements contained herein are true and accurate to the best of his/her personal knowledge and belief. The undersigned authorizes the County to conduct such reviews as necessary to issue this license. In consideration of the granting of the license, the applicant agrees to conform to and abide by all laws and regulations of Anne Arundel County and to report any changes in the information in this application to the department within 72 hours.*

If applicant is a corporation, all officers must sign and corporate seal be affixed. If applicant is a partnership, all partners must sign.

Signature(s)

Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORPORATE SEAL

STATE OF MARYLAND

SS:

THIS CERTIFIES, that on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before the subscriber, a Notary Public of the State of Maryland, did personally appeared \_\_\_\_\_, the applicant for this license, and made oath in due form of law that Witness my hand and official seal.

\_\_\_\_\_  
Notary Public

**ANNUAL LICENSE FEE: \$100.00** Payable to Anne Arundel County

**LATE FEE: Additional \$25.00 due** if the renewal application is received after June 30.

\*\*\*\*\*

FOR DEPARTMENT USE ONLY

Zoning Approval \_\_\_\_\_

Dept. of Taxation \_\_\_\_\_

Certificate of Use \_\_\_\_\_

Record keeping Forms \_\_\_\_\_

MHBR# \_\_\_\_\_

Other \_\_\_\_\_

License issued \_\_\_\_\_  
Date