

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

Mobile Home Dealer License Application

erms and provisions of the Anne Arun	idel County Code. Licenses expire June	50 of each year.
Full Name of Applicant		
Trade Name of Applicant		
Business Address		
City	State	Zip Code
Mailing Address if different from Busi	ness Address	•
·		
City	State	Zip Code
Applicant is an Individual Cor	manation Doutnaushin Other	
	poration Partnership Other_	
	poration Partnership Other_	Please specify
	MD Home Builder Registrati	
EIN#	MD Home Builder Registrati	ion Number
EIN#		ion Number
EIN#	MD Home Builder Registrati	ion Number
EIN# Contact Name E-Mail Address	MD Home Builder Registrati	ion Number
EIN# Contact Name E-Mail Address Are you licensed as a mobile home dea	MD Home Builder Registration Phone # FAX:	NO
EIN# Contact Name E-Mail Address Are you licensed as a mobile home dea	MD Home Builder Registration Phone # FAX:	NO
EIN# Contact Name E-Mail Address Are you licensed as a mobile home dea	MD Home Builder Registration Phone # FAX: aller in other jurisdictions? YES	NO
EIN# Contact Name E-Mail Address Are you licensed as a mobile home dea If Provide a description of the nature of y	MD Home Builder Registration Phone # FAX: aller in other jurisdictions? YES fyes: Where your business	NO
EIN# Contact Name E-Mail Address Are you licensed as a mobile home dea If Provide a description of the nature of y	MD Home Builder Registration Phone # FAX:	NO
EIN# Contact Name E-Mail Address Are you licensed as a mobile home dea If Provide a description of the nature of y	MD Home Builder Registration Phone # FAX: aller in other jurisdictions? YES fyes: Where your business	NO

Attach copies of all forms regularly used by you in	the safe of moone manufactured nomes.
Number of forms attached is	
of his/her personal knowledge and belief. The unde as necessary to issue this license. In consideration	ents contained herein are true and accurate to the best ersigned authorizes the County to conduct such reviews of the granting of the license, the applicant agrees to of Anne Arundel County and to report any changes in nt within 72 hours.
If applicant is a corporation, all officers must spartnership, all partners must sign.	sign and corporate seal be affixed. If applicant is a
Signature(s)	Title
CORPORATE SEAL	
STATE OF MARYLAND S.	S:
	20, before the subscriber, a
Notary Public of the State of Maryland, did person	ally appeared, the
applicant for this license, and made oath in due for	m of law that Witness my hand and official seal.
	Notary Public
•	Anne Arundel County due if the renewal application is received after June 30.
**************************************	**************
Zoning Approval	Dept. of Taxation
Certificate of Use	Record keeping Forms
MHBR#	Other
License issued	

Date