



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

## Class "X" License Application

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 \_\_\_\_\_

(application continues on side 2)

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 \_\_\_\_\_