



# HOTEL/MOTEL APPLICATION

May 1 through April 30  
BALTIMORE COUNTY MARYLAND  
DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS  
111 WEST CHESAPEAKE AVENUE, ROOM 101  
TOWSON, MD 21204  
410-887-3616

Application Fee: \$7.00 per Room (\$70.00 Minimum)  
(50% Penalty fee for renewals received after April 30)

License Year: May 1 thru April 30, \_\_\_\_\_

Check or Money Order made payable to "BALTIMORE COUNTY, MD"

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

HOTEL/MOTEL NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING NAME \_\_\_\_\_  
(If different from Hotel/Motel)

MAILING ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(If different from Hotel/Motel address)

OWNER/OPERATOR \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

OWNER/OPERATOR ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

- Number of Rentable Units \_\_\_\_\_ Maximum number of persons that may be accommodated \_\_\_\_\_
- Is there a mechanical room containing a furnace and/or water heater? Yes  No
- Is there an emergency Power System? Generator  Battery Powered  Other (specify) \_\_\_\_\_
- Water Supply (check one): Metro  Private  Sewage Disposal (check one): Metro  Private
- Method of Refuse Disposal \_\_\_\_\_
- Is there a Baltimore County Swimming Pool Permit? No  Yes  Permit No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Is there Food Service? No  Yes  Type: Vending  Prepackaged  Prepared  Catered

Caterer Name (if applicable) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

I hereby certify that the above information is true and correct and that the Hotel/Motel is operated in accordance with Title 10, Article 21, of the Baltimore County Code, 2003 Edition, as amended.

\_\_\_\_\_

Applicant Name (Printed)                      Applicant Signature (use blue ink)                      Title

### AGENCY REVIEW/APPROVAL

CODE ENFORCEMENT APPROVAL: (check one) Yes  No

NAME \_\_\_\_\_ DATE \_\_\_\_\_

If disapproved, state reason(s) \_\_\_\_\_

ENVIRONMENTAL HEALTH APPROVAL: (check one) Yes  No

NAME \_\_\_\_\_ DATE \_\_\_\_\_

If disapproved, state reason(s) \_\_\_\_\_

FIRE PREVENTION APPROVAL: (check one) Yes  No

NAME \_\_\_\_\_ DATE \_\_\_\_\_

If disapproved, state reason(s) \_\_\_\_\_

### OFFICE USE ONLY

LICENSE NO. \_\_\_\_\_ CASH RECEIPT NO. \_\_\_\_\_ FEE PAID \_\_\_\_\_ DATE PAID \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ BY \_\_\_\_\_