



Roller Skating Rink License Application

Baltimore County, Maryland
Department of Permits, Approvals and Inspections
County Office Building, Room 114
Towson, MD 21204
410-887-3616

Annual Fee: \$100.00 - 50% late fee for renewals after December 31
Check or money order made payable to "Baltimore County, MD"

Application Date _____
Expires December 31 _____

New Renewal Change of Ownership _____

PREVIOUS BUSINESS NAME/OWNER INFORMATION _____

Business Trade Name _____ Phone No. _____

Business Address _____ Zip Code _____

Mailing Address Name _____
(If different from business trade name)

Mailing Address _____ Zip Code _____
(If different from business address)

Business Owner's Name _____ Phone No. _____

Business Owner's Address _____ Zip Code _____

Year Round Operation: YES NO Seasonal: Date(s) of Operation: _____

Will food be served? YES NO If YES, type of food: Vending Prepackaged Prepared

Days and Times of Operation

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

I hereby certify that the above information is true and correct and that the Roller Skating Rink is operated in accordance with Article 21, Section 21-4-301 through 21-4-309, of the Baltimore County Code, 1988 Edition, as amended.

Print Owner's Name _____ Owner Signature _____ Date Signed _____

AGENCY REVIEW SECTION

Building Inspections - Based upon visual inspection, the building occupied by the amusement hall appears structurally safe and in compliance with applicable building, electric and plumbing codes.

Approval: Yes No If disapproved, state reason _____

Name of Approving Personnel _____ Title _____ Date _____

Environmental Health Services - The building and the premises, on which the building is located, where the amusement hall, described above is located, are in compliance with the standards and regulations of the Department of Health – Environmental Health Services (EHS) and the State Department of Health and Mental Hygiene.

Approval: Yes No If disapproved, state reason _____

Name of Approving Personnel _____ Title _____ Date _____

Fire Marshal - The building occupied by the amusement hall described above, is in compliance with the county fire protection code.

Approval: Yes No If disapproved, state reason _____

Name of Approving Personnel _____ Title _____ Date _____

OFFICE USE ONLY

License No. _____ Cash Receipt No. _____ Fee Paid _____ Cash Receipt Date _____

Date Received _____ Date Issued _____ Date Entered _____ By _____