



TOWN OF OCEAN CITY
 P.O. BOX 5000
 OCEAN CITY, MD 21843-5000
 410-289-8833

CONTROL # _____

BUSINESS LICENSE APPLICATION

RENTAL OF SINGLE FAMILY UNIT

PROPERTY ADDRESS _____ UNIT _____ CONDO NAME _____

OWNER'S NAME _____

OWNER'S ADDRESS _____
 (street) (state) (zip)

OWNER'S TELEPHONE _____
 (home telephone) (Ocean City telephone)

LOCAL CONTACT PERSON _____
 (name) (telephone number)

RENTAL LICENSE FEE \$116.00 + NOISE CONTROL PERMIT \$25.00 TOTAL \$141.00

BUSINESS OR MULTI-FAMILY RENTAL

BUSINESS NAME _____

BUSINESS ADDRESS _____

TYPE OF BUSINESS _____

BUSINESS OWNER'S NAME _____

OWNER'S PERMANENT ADDRESS _____
 (street) (state) (zip)

OWNER'S TELEPHONE _____
 (home telephone) (Ocean City telephone)

MARYLAND BUILDER'S REGISTRATION # _____ EXPIRES _____

MARYLAND HOME IMPROVEMENT COMMISSION # _____ EXPIRES _____

CONDITIONAL APPROVAL _____ DATE _____

*** This approval is subject to Building & Fire Code regulations**

CLASSIFICATION CODE _____ FEE _____

CLASSIFICATION CODE _____ FEE _____

CLASSIFICATION CODE _____ FEE _____

TOTAL \$

Per City Ordinance 1992-2, permission is granted to the Town of Ocean City to inspect these premises at any reasonable time prior to the issuance or during the term of this license.

I declare that the statements contained in this application are true to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

EMAIL ADDRESS: _____