



City of Mount Rainier

One Municipal Place Mount Rainier, MD 20712

P:301.985.6585 F 301.985.6595

Fee: \$ _____

Date: _____

Late fee: _____

Receipt # _____

APPLICATION FOR RENTAL LICENSE APPLICATION

(FOR STRUCTURES WITH 3 OR LESS DWELLINGS UNITS)

All information is REQUIRED for processing. Failure to fill out all of your information in a legible handwriting and required documents will result in delay of your permit and project.

IDENTIFICATION New Renewal

TODAY'S DATE: _____

The applicant is Property Owner Property Management Company

Name of the Apartments: _____

Property Owner: _____

Address: _____

Phone: _____ Email: _____

Property Management Company: _____

Address: _____

Phone: _____ Email: _____

PROPERTY INFORMATION

Address: _____ Units: _____

PROJECT INFORMATION

24 Hour Emergency Telephone Number for Residents: _____

24 Hour Emergency Contact Number for Police, Fire and Emergencies:

Name: _____ Telephone: _____ Email: _____

Name: _____ Telephone: _____ Email: _____

