

City of Mount Rainier

3249 Rhode Island Avenue, Mount Rainier, MD 20712

Phone: (301)458-5103 Fax: (301) 985-6570

www.mountrainiermd.org

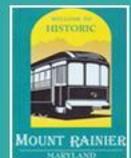
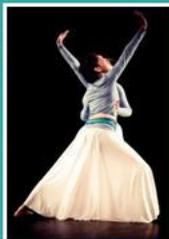
Charitable and Religious License Application

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CITY OF MOUNT RAINIER

mountrainiermd.org

301.985.6585



Arts District • Sustainable Community • Shops and Restaurants • Historic City

APPLICATION FOR CHARITABLE AND RELIGIOUS LICENSE

INFORMATION

☐ New ☐ Renewal

If this is a renewal application, has the ownership of the business changed since the last application? _____

Charitable/Religious Name: _____ IRS # _____

Contact Owner's Name: _____

Main Phone Number: _____ Cell Phone: _____

Email _____

Secondary Contact Name: _____ Email: _____

Emergency Contact: Name _____ Telephone _____

- Business Type: ☐ Faith-Based Institution ☐ Restaurant ☐ Bar ☐ Grocery/Convenience ☐ Real Estate
☐ Insurance ☐ Marketing/Advertising ☐ Printing ☐ Liquor ☐ Medical/Healthcare
☐ Tax ☐ Service ☐ Day Care ☐ Pest control ☐ Retail ☐ Laundromat ☐ Arts Related
☐ Bakery ☐ Pet Care
☐ Other _____

Number of Employees: _____ Year established: _____

Website: _____

Social Media: Facebook: _____ Twitter: _____

Instagram: _____ Other _____

IDENTIFICATION

Owner's Name _____

Mailing Address _____

Phone _____ Email _____

- Person responsible for upkeep and maintenance of the interior of the property: ☐ Owner ☐ Tenant
Person responsible for upkeep and maintenance of the exterior of the property: ☐ Owner ☐ Tenant
Person responsible for utilities (water/electric): ☐ Owner ☐ Tenant
Person responsible for snow removal: ☐ Owner ☐ Tenant
Person responsible for trash removal: ☐ Owner ☐ Tenant

APPLICATION CHECKLIST

Please include the following with the submission of application. All of the items **MUST** be provided at time of application. Failure to include proper documentation will result in a delay of your Business License and possible fines.

- Trash Collection – (submit contract or invoice)
- IRS Determination Letter
- Copy of Prince George’s County Use and Occupancy (U & O) permit
- Copy of current Prince George’s County Health Department Inspection certificate for all commercial businesses that prepare food on-site (this is an Annual Inspection)

FEE CALCULATIONS

1. Non-Profit Organization/Faith Based Institution Fee:	\$ 40.00
2. Reinstatement Fees: \$300.00 (after revocation <i>for cause</i> or expiration of license)	\$ _____
3. Late Fees: Renewal after Deadline - \$100.00	\$ _____
TOTAL:	\$ _____

APPLICANT SIGNATURE

I hereby certify that the information on this application is true and correct. I hereby certify that I am the business of the subject property and have received permission through a lease or have ownership to conduct business at the property. I am familiar with the applicable codes, requirements and fines of the City of Mount Rainier. Therefore, I take full responsibility for all code compliance issues as it relates to the upkeep of the building. Further I agree to conform to all applicable laws and ordinances of jurisdiction to the City of Mount Rainier.

Owner/Representative’s Printed Name	Title	Signature	Date
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PLEASE ALLOW TWO WEEKS FOR PROCESSING YOUR REQUEST

For Official Use Only

Code Officer

Inspection: Passed Failed

Date: _____

Re inspection: Passed Failed

Date: _____

License Issued:

Date _____

Signature _____

Director Code Compliance: *Copied*

Finance Department: *Copied*