



Incorporated Town of Capitol Heights

RENTAL LICENSE APPLICATION

COMPLETE AND MAIL TO:

**Town of Capitol Heights
1 Capitol Heights Blvd
Capitol Heights, MD 20743**

USE A SINGLE CHECK OR MONEY ORDER FOR ALL FEES,
PAYABLE TO "TOWN OF CAPITOL HEIGHTS"

1. Address of Property _____ City _____ State _____ ZIP Code _____

2. Name of Owner/Operator (First, Last) _____ 3. Owner/Operator's Address (***P.O. Box not acceptable***) _____ City _____ State _____ ZIP Code _____

4. Name of Agent (*if applicable*) _____ 5. Agent's Address _____ City _____ State _____ ZIP Code _____

6. Name of Contact (*person responsible for receiving communication, violation notices, etc.*)
 AGENT **OWNER / OPERATOR**

7. Contact Daytime Telephone No. _____ 8. Contact Evening Telephone No. _____ 9. Contact FAX No. _____ 10. Contact E-Mail Address _____

11. Name of Occupant Living in Home (Last, First) _____ 12. Daytime Telephone No. _____

13. Name of Occupant Living in Home (Last, First) _____ 14. Daytime Telephone No. _____

15. LICENSE TYPE	LIC. FEE	LIC. CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> RENTAL LICENSE OPERATING FEE	\$150.00	12-103	JUNE 30	
<input type="checkbox"/> RENTAL LICENSE INSPECTION FEE	\$100.00	12-105	JUNE 30	
<input type="checkbox"/> RE-INSPECTION FEE	\$50.00	12-105	JUNE 30	
<input type="checkbox"/> CHANGE OF REQUIRED INFORMATION	No fee			

If the number of units change in a licensed property or the owner, agent, or address information changes at any time, a new application must be submitted within 30 days. Failure to do so will result in the revocation of the license

**** IF YOU OWN ANOTHER RENTAL PROPERTY, PLEASE COMPLETE A SEPARATE APPLICATION**

16. Owner/Operator Certification

I certify that the agent named below has been designated to act as my legal representative with regard to the property listed in Section 1 of this application.

I further certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein I am subject to the possible revocation of any licenses issued as a result of my false application, and such other penalties as may be prescribed by law.

Owner's / Operator's Signature _____ Date _____

17. Agent Certification

I certify that I am the legal agent of the owner(s) in relation to the property listed in Section 1 of this application and that I am empowered to accept service of notices, orders, summonses, etc., in relation to the subject property.

Agent's Signature _____ Date _____

18. Lead Paint Disclosure and Certification

I further certify that the requirements of Reduction of Lead Risk in Housing Act" (Lead Paint Disclosure and Certification), requiring a certification of lead safe or lead-free conditions to new lessees, and written notifications to such lessees, where applicable, have been complied with for each such lease.

Owner's / Operator's Signature _____ Date _____

FOR OFFICE USE ONLY**19. License Fee Calculation**

A. Building Complex

1. Total Rental Units* _____ x \$50.00 = _____ (Maximum
Fee: \$ 20,000.00)

B. Single Family Housing

1. Operating License Fee _____ \$150.00 + _____
2. Inspection Fee _____ \$100.00 + _____
3. Late Fee _____ \$50.00 + _____

Total License Fee = _____

Amount Due \$ _____

Amount Received \$ _____

Date Received _____

Check payment type below:

Certified check ____ **Personal check** ____ **Money order** ____ **Cash** ____ **Online payment** ____

NOTES:

Zoning Prerequisite

Remarks:

APPROVED

DENIED

Zoning Permit Number _____

Reviewed by _____ Date _____

Audit _____



HOUSING INSPECTION/RENTAL LICENSE APPLICATION INSTRUCTIONS

The **Housing Inspection License (12-105)**, also known as a Housing Rental License, is required of any entity that rents any type of housing unit.

Owners/operators of vacant *residential* properties/lots are required to have a **Vacant Property/Lot License (12-103)** for each vacant property/lot.

Most of the questions on the application are self-explanatory. The questions that need explanation are discussed below. The numbers match the numbered questions on the application.

1. **Address of Property** - Fill in the full address of the property in which licensed activity will take place. Please include ZIP Code.
2. **Name of Owner/Operator** - Full name must be used. Operators of boarding homes, shelters, personal care homes, old age homes, etc., are responsible for getting this license.
3. **Owner/Operator's address** – Correct mailing address should be provided. P.O. Box will not be accepted
4. **Name of Agent** - If the owner/ operator resides outside of Capitol Heights, an agent who resides within the city limits must be designated by the owner/ operator. The agent will be responsible to forward notices, orders, or summonses to the owner. Agent qualifications:
 - a) Agent must be a person over the age of eighteen (18) who lives in Prince Georges County or is regularly available at a Prince Georges County address.
 - b) If the agent's address is a business address, a Business License must be registered there.
 - c) There is no requirement that the agent be empowered to do more than forward notices, orders, or summonses to the owner, though further powers may be granted. Compensation to the agent also is not an issue regardless of the limits of their responsibilities.
 - d) An agent terminating their services must give notice to the Town of Capitol Heights and include in the notice the owner's name and address, the address of the property, and the license number. The owner is required to designate a new agent within thirty (30) days. The owner can designate a new agent at any time by filling out an amended application with the signature of the new agent. There is no additional charge for a change of agent.
 - e) If the owner conforms to all the above standards, the owner can also act as the

agent. This includes a principal of a corporation or partnership. An owner who does not live in Capitol Heights and is not regularly available at a Capitol Heights address is not permitted to act as an agent.

- f) If the rental property was purchased within the last six months, you must provide a settlement sheet or recorded deed.

15. License Type - Place an "x" in the box in front of the name of each license applied for. The License Number will be completed by the Administrative Staff.

19. License Fee Calculation – To determine the correct fee:

a) List the total number of rental units, regardless of current occupancy available for rent. Multiply by thirty (30) to give the correct dollar amount. License fees are \$50.00 per unit with a maximum fee of \$20,000.00.

If applying for a Vacant Property/ Lot License the fee is \$250.00

b) Total all license fees due on this line

Owner, Corporation, and Partnership - Complete with the name, title, and home address of the owner, principals, or partners. Corporate applicants must identify the president, secretary, and treasurer. If one individual serves as multiple or sole officer, this must be stated.

NOTE: YOU MAY NEED ZONING APPROVAL BEFORE YOU CAN RECEIVE A LICENSE.

All buildings and other structures in the Town of Capitol Heights must be in compliance with current zoning laws.

Certain alterations to an existing structure may affect its zoning. If you are converting or have converted your building (for example – from a single family to a multifamily dwelling), you will be required to obtain a Building Permit from Prince George's County and the same for Town of Capitol Heights

For more information on Zoning or Building Permits www.princegeorgescountymd.gov