



Mayor & Council of Berlin

10 William Street, Berlin, Maryland 21811
Phone 410-641-2770 Fax 410-641-2316
www.berlinmd.gov



APPLICATION FOR RENTAL LICENSE

DATE: _____ OWNER OF PROPERTY: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER PHONE NUMBER(S) _____

PROPERTY OWNER EMAIL: _____

ADDRESS OF RENTAL UNIT: _____

UNIT # _____ APPROXIMATE NUMBER OF OCCUPANTS _____

NAME OF PRIMARY CONTACT PERSON: _____

CONTACT PERSON ADDRESS: _____

CONTACT PERSON PHONE NUMBER(S) _____

CONTACT PERSON EMAIL: _____

BY SIGNING BELOW I ACKNOWLEDGE, AS OWNER OR AGENT FOR THE ABOVE REFERENCED PROPERTY, THAT I AM AWARE OF THE TOWN OF BERLIN'S AUTHORITY, PURSUANT TO CHAPTER 39 OF THE TOWN CODE, TO INSPECT DURING REASONABLE HOURS AND WITH DUE NOTICE THE PROPERTY FOR WHICH THIS LICENSE IS ISSUED. FURTHER, MY SIGNATURE BELOW PROVIDES CONSENT FOR THE TOWN TO ENTER THE SUBJECT PROPERTY FOR THE PURPOSE OF INSPECTION WHEN THERE IS EVIDENCE THAT A VIOLATION OF TOWN CODE EXISTS ON THE PROPERTY. I ALSO ACKNOWLEDGE THAT ANY TENANT, LEASOR, RENTER OR OTHER OCCUPANT OF THE SUBJECT PROPERTY SHALL AGREE TO SUCH AN INSPECTION FOR THE PURPOSE OF ENSURING ADEQUATE PROPERTY MAINTENANCE STANDARDS AS ADOPTED BY THE TOWN OF BERLIN.

SIGNATURE OF OWNER/APPLICANT: _____ DATE: _____

ANNUAL FEE FOR RENTAL LICENSE PER UNIT: \$10.00

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ DATE LICENSE ISSUED: _____ DATE PAID: _____

COMPLIANCE REVIEW:

GENERAL COMPLIANCE WITH APPLICABLE ZONING AND HOUSING CODES:

Initials Date

NO OUTSTANDING FINANCIAL OBLIGATIONS TO THE TOWN:

Initials Date

FEE PAID: _____ CASH: _____ CHECK #: _____