



**The City of Seat Pleasant  
Code Enforcement Department**

6264 Central Avenue, Seat Pleasant, Maryland 20743 (301) 499-8700 • FAX: (301) 499-8702

**SINGLE FAMILY RENTAL LICENSE APPLICATION**

**PLEASE PRINT CLEARLY.** This form **MUST** be signed by the Owner or Agent of the rental facility. A biennial fee of \$75.00 per dwelling unit is due with the application. Only Check or Money Order made payable to "The City of Seat Pleasant" will be accepted.

<b>Rental Property:</b> _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<b><u>OWNER'S INFORMATION</u></b>			
<b>Owner's Name:</b> _____		<b>Daytime Telephone #:</b> _____	
		<b>Telephone #:</b> _____	
<b>Address:</b> _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<b><u>MANAGEMENT'S INFORMATION</u></b>			
<b>Management's Name:</b> _____		<b>Daytime Telephone #:</b> _____	
		<b>Telephone #:</b> _____	
<b>Address:</b> _____			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<b>Property Manager's Name:</b> _____		<b>Daytime Telephone #:</b> _____	
<b>Tenant's Name:</b> _____		<b>Daytime Telephone #:</b> _____	
<b>I HEREBY CERTIFY, UNDER THE PENALTY OF PERJURY, THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.</b>			
_____ <i>Signature of Owner or Authorized Representative</i>		_____ <i>Printed Name and Title</i>	

State of Maryland, County of _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____ by _____.
SEAL
_____ Signature of Notary
_____ Printed Name of Notary