

Worcester County, Maryland
One West Market Street,
Room 1201, Government Center
Snow Hill, MD 21863-1070
Phone: (410) 632-1200
Fax: (410) 632-3008



OFFICE USE ONLY:
Customer ID _____
License Application Fee: _____
Date Filed: _____

Rental License Application

Each property that is offered for rent, regardless of the length of the rental term, shall apply for and obtain a rental license. Rental licenses shall only be issued to the property owner, though a rental agent or property manager may be listed. A separate license is required for each individual property.

PROPERTY OWNER CONTACT INFORMATION:

Owner's Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Do you prefer to receive licenses, bills and renewals via email (Yes/No)? _____

PROPERTY MANAGER OR RESIDENT AGENT CONTACT INFORMATION:

Manager or Resident Agent Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

*All Owners or Property Managers must be available 24 hours a day during any property rental period.

LOCATION OF PROPERTY:

Physical Address: _____

Tax Map: _____ Parcel: _____ Section: _____ Block: _____ Lot: _____ Unit: _____

Property Account Identifier - District: _____ Account Number: _____

Customer ID: _____

RENTAL TYPE (Please check all that apply):

- _____ **Class 1:** Short-term rental (28 consecutive days or less)
 - _____ Entire single-family dwelling
 - _____ Bedroom(s) within a dwelling with a resident family
- _____ **Class 2:** Long-term rental of dwelling
 - _____ **Class 2A:** greater than 28 consecutive days, but less than four (4) consecutive months
 - _____ **Class 2B:** greater than four (4) consecutive months
- _____ **Class 3:** Long-term rental of a bedroom(s) within a dwelling with a resident family
- _____ **Class 4:** Manufactured or mobile home park, No. of Sites or Lots: _____
- _____ **Class 5:** Hotel, motel or campground (except co-operative campgrounds)
 - _____ Campground, No. of Sites: _____
 - _____ Hotel or Motel, No. of Rooms: _____
- _____ **Class 6:** Bed and Breakfast Establishment, No. of Rooms: _____
- _____ **Class 7:** Group home or Assisted living facility, single entity owner
- _____ **Class 8:** Group home or Assisted living facility, individually owned unit

INFORMATION TO BE PROVIDED WITH THIS APPLICATION:

- _____ Copy of the standard lease or rental agreement, and any house rules for renters.
- _____ Floor plans (drawn to scale) of all rooms and/or areas available for use by lessee.
- _____ Site plan of the property to include outdoor use areas and available off-street parking.
- _____ Owner acknowledgement and signature sheet completed.
- _____ License application fee (non-refundable).
- _____ Short-Term Rentals Only: Provide the Short-Term Rental Addendum.

A copy of the Rental License fee schedule broken down by the classes identified above is available on the Department's webpage at <http://www.co.worcester.md.us/departments/drp>. Alternatively, you may call the office at (410) 632-1200 to verify the applicable fee and to obtain answers to any questions you may have relative to the submittal documents. All documentation and fees must be provided prior to the review of the application.