



**HARFORD COUNTY GOVERNMENT**  
 Department of Inspections, Licenses and Permits  
 220 South Main Street  
 Bel Air, Maryland 21014  
 410-638-3122

FOR OFFICE USE ONLY	
License No.	MOBILE
Lots	_____
Application Fee \$	_____
Application Date	_____
Expiration Date	12/31/
New	Renewal

**MOBILE HOME PARK LICENSE APPLICATION**

**PARK INFORMATION**

Park Name:	Trading As:		
Address:			
City:	State:	ZIP Code:	
Phone:	Alt. Phone:	Emergency:	
Fax:	E-mail:		
Water:	Public	Private	<i>(please check)</i>
Sewage:	Public	Private	<i>(please check)</i>
Lots:	Fee:		

**OWNER INFORMATION**

Company Name:			
Name: (First)	(Middle)	(Last)	
Address:			
City:	State	ZIP Code:	
Phone:	E-mail:		

**MANAGER INFORMATION**

Name: (First)	(Middle)	(Last)	
Address:			
City:	State	ZIP Code:	
Phone:	E-mail:		

MAIL SHOULD BE DIRECTED TO : <i>(please check)</i>	PARK ADDRESS	OWNER ADDRESS	MANAGER ADDRESS
--	--------------	---------------	-----------------

**The annual license fee is \$60.00 for each set of 10 mobile home spaces or fraction thereof.**

The operator of every Mobile Home Park shall collect from the lessee or tenant of each mobile home space in that park a monthly excise tax in the amount of \$10.00. Excise taxes shall be billed quarterly by the Department of Treasury, and are due on the first day of April, July, October, and January as prescribed in §173-10 of the Harford County Code.

I understand that if I knowingly make a misrepresentation or false statement on this application, I am guilty of a misdemeanor and, upon conviction, may be subject to a fine not exceeding One Thousand (\$1,000.00) or imprisonment not exceeding ninety (90) calendar days or both, as defined in Chapter 1, Article 1-22, of the Harford County Code.

In consideration of the granting of this license, I agree that I will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits and in accordance with the Harford County Code, Chapter 173, Mobile Homes and Trailers, as amended.

New Applicants Only	
ZONING APPROVAL _____	DATE _____
PRINT NAME (OWNER/AUTHORIZED AGENT) _____	SIGNATURE (OWNER/AUTHORIZED AGENT) _____
DATE _____	