



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. MOBILE000__-20__
Lots _____
Application Fee \$ _____
Application Date _____
Expiration Date 12/31/ _____
New _____ Renewal _____

Mobile Home Park Licenses are valid from January 1st to December 31st of each year.

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	(please circle)
Sewage:	Public	Private	(please circle)
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: (please check) ☐ PARK ADDRESS ☐ OWNER ADDRESS ☐ MANAGER ADDRESS

The annual license fee is \$10.00 for each lot.

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 _____