Maryland Department of Health and Mental Hygiene (DHMH)
Office of Food Protection and Consumer Health Services
Permits and Licenses
6 St. Paul Street, Suite 1301
Baltimore, MD 21202-1608

Mobile Home Park Permit Application

FACILITY	
Mobile Home Park Name and Physical Address	
OWNER	
Business Name and Address	
Type of Business Individual Co-ownership Partnership Corporation Other:	
FEIN	
Contact Person	
Phone1	*Phone 2*
Fax	
Email	
Mail Official Correspondence To	
Person and Address	

Complete and Sign

The following information is required by Maryland Health General Code Annotated Code § 1-102 with regards to the Maryland Workers Compensation Act. I am (check one):

☐ Enclosing a Certificate of Insurance
☐ Providing the following insurance information:

Insurance Company _____

Policy/Binder Number _____

☐ Self insured – Maryland Workers Compensation Commission Certificate of Compliance enclosed
☐ Self-employed or only employ family members

I hereby submit application to operate a mobile home park and agree to comply with all applicable laws and regulations of the State of Maryland regarding mobile home parks, including Construction, Equipment, Sanitation, Operation, and Maintenance of Mobile Home Parks, COMAR 10.16.02.

Signature of Owner or Agent _____ Date _____

____MLC_____ For Office Use Only: Date Received _____

Print Form