

Prince George's County
Department of Permitting, Inspections
and Enforcement

ENFORCEMENT DIVISION

9400 Peppercorn Place, Suite 600 Largo, Maryland 20774 (301) 883-6168 • FAX: (301) 883-6050



DISCLOSURE STATEMENT

Apartment Name:					
Type of Ownership (Check One):					
☐ Limited Partnership ☐ General Part	nership 🔲 Corporat	ion 🔲 L.L.C.	☐ Joint Venture	☐ Sole Proprietorship	
RESPONSIBLE PARTY OF DISCLO	SURE STATEMEN	IT (Below)		_	
Maryland Resident Agent or, if not a corpora	ation or Limited Partners	ship, a responsit	ole person for receip	ot of services of process:	
Name:				·	
Address:					
Street	C	ity	State	ZIP Code	
I HEREBY CERTIFY, UNDER THE PENALT BEST OF MY KNOWLEDGE, INFORMATIC		BOVE INFORM	ATION TO BE TRUE	EAND CORRECT TO THE	
Signature of Owner or Authorized Representative		Printed Name and Title			
Sworn and subscribed to before me, a Nota	ary Public of the State o	of	County of		
on the date of				,	
Notary Public	N	My Commission E	Expires on:		
1. Name and Address of Member Compar		hareholders)			
Name		Telephone Numbers			
Street	City		State	ZIP Code	
Type of Ownership (Check One):	☐ Limited Partners	hip* 🔲 Gen	eral Partnership*	☐ Sole Proprietorship*	
* Complete Disclosure Statement attached.	Corporation*	L.L.	C.*	☐ Joint Venture*	
If a Corporation or Limited Partnership, Na receipt of service of process:	ame and Address of M	aryland Reside	nt Agent, otherwise	a responsible person for	
Name		Telephone Numbers			
Street	City		State	ZIP Code	
Type of Ownership (Check One):	Limited Partners	hip* 🔲 Gen	eral Partnership*	☐ Sole Proprietorship*	
* Complete Disclosure Statement attached.	☐ Corporation*	L.L.	C.*	☐ Joint Venture*	

Name and Address of Member Company	y/Individual				
Name	Telephone Numbers				
Street	City			State	ZIP Code
Type of Ownership (Check One): *Complete Disclosure Statement attached.	☐ Limited Partne☐ Corporation*	rship*	☐ General Par☐ L.L.C.*	tnership*	☐ Sole Proprietorship*☐ Joint Venture*
If a Corporation or Limited Partnership, Narreceipt of service of process:	me and Address of I	Marylan	d Resident Agen	t, otherwise	e a responsible person for
Name	Telephone Numbers				
Street	City			State	ZIP Code
Name and Address of Member Company	y/Individual				
Name		Telepho	one Numbers		
Street	City			State	ZIP Code
Type of Ownership (Check One): *Complete Disclosure Statement attached.	☐ Limited Partne☐ Corporation*	rship*	☐ General Par☐ L.L.C.*	tnership*	☐ Sole Proprietorship*☐ Joint Venture*
If a Corporation or Limited Partnership, Narreceipt of service of process:	me and Address of I	Marylan	d Resident Agen	t, otherwise	e a responsible person for
Name	Telephone Numbers				
Street	City			State	ZIP Code
4. Name and Address of Member Company	y/Individual				
Name		Telepho	one Numbers		
Street	City			State	ZIP Code
Type of Ownership (Check One): *Complete Disclosure Statement attached.	☐ Limited Partne☐ Corporation*	rship*	☐ General Par	tnership*	☐ Sole Proprietorship*☐ Joint Venture*
If a Corporation or Limited Partnership, Narreceipt of service of process:	me and Address of I	Marylan	d Resident Agen	t, otherwise	e a responsible person for
Name		Telepho	one Numbers		
Street	City			State	ZIP Code
I HEREBY CERTIFY, UNDER THE PENALTY BEST OF MY KNOWLEDGE, INFORMATION		ABOVE	INFORMATION 1	TO BE TRU	E AND CORRECT TO THE
Signature of Owner or Authorized Repr	Representative		Printed Name and Title		
Sworn and subscribed to before me, a Notar on the date of	•			_ County of	f,
Notary Public		My Cor	nmission Expires c	on:	

APARTMENT LIC	ENSE APPLICATION	
Entrance No.	Street Name or Number	Number of Dwelling Unit
Total Dwelling Un	its to Be Licensed	
	Times \$75.00 per Unit = TO	TAL LICENSE FEE \$
	ned and read the above application and know the sisions of Prince George's County Ordinances and	
Signature and Title		Date