



TOWN OF BERLIN
10 William Street
Berlin, MD 21811

Planning Department
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Fax: 410-641-2316

APPLICATION FOR SHORT TERM RENTAL LICENSE

DATE: _____ ADDRESS OF RENTAL UNIT: _____

MAXIMUM NUMBER OF OCCUPANTS: _____ NUMBER OF BEDROOMS: _____

24 HOUR EMERGENCY CONTACT (Name, address, phone number, email address):

PROPERTY OWNER (Name, address, phone number, email address):

INITIAL APPLICATION FEE \$350.00	DATE PAID: _____
ANNUAL LICENSE FEE \$200.00	DATE PAID: _____

BY SIGNING BELOW, I ACKNOWLEDGE, AS OWNER OR AGENT FOR THE ABOVE REFERENCED PROPERTY, THAT I HAVE BEEN PROVIDED WITH A COPY OF THE TOWN OF BERLIN ORDINANCE 2022-02, CHAPTER 8, ARTICLE II, SECTION 8-30, DETAILING THE REQUIRED CONDITIONS AND INSPECTIONS TO BE IN COMPLIANCE WITH THE SHORT-TERM RENTAL LICENSING ORDINANCE.

SIGNATURE OF OWNER/APPLICANT: _____ DATE: _____

OFFICE USE ONLY: DATE APPLICATION RECEIVED: _____ DATE LICENSE ISSUED: _____

GENERAL COMPLIANCE WITH ZONING AND HOUSING CODES, PLANNING DEPARTMENT
COMMENTS:

NO OUTSTANDING FINANCIAL OBLIGATIONS TO THE TOWN:

INITIALS: _____ DATE: _____
