



TOWN OF BERLIN
10 William Street
Berlin, MD 21811

APPLICATION FOR LONG-TERM RENTAL LICENSE
LICENSE FEE \$75 Per unit/per year

IMPORTANT: This form is for use by owners of long-term residential rental units within the Town of Berlin. Short-term rental (ex. AirBnB, VRBO) licenses are not included.

Today's Date: _____

Property Owner Name & Address: _____

Phone: _____ Email: _____

Agent/Manager (If applicable) Name & Address: _____

☐ Please check here if this is the primary contact, otherwise property owner will be used.

Phone: _____ Email: _____

Rental Property Address: _____

Number of Rental Units per address: _____ Approximate Number of occupants: _____

By signing below I acknowledge that, as owner or agent for the above referenced property, that I am aware of the Town of Berlin's authority, pursuant to Chapter 39 of the Town Code, to inspect during reasonable hours and with due notice, the property for which this license is issued. Further, my signature below provides consent for the Town to enter the subject property for the purpose of inspection when there is evidence that a violation of Town Code exists on the property. I also acknowledge that any tenant, leasor, renter of other occupant of the subject property shall agree to such an inspection for the purpose of ensuring adequate property maintenance standards as adopted by the Town of Berlin.

Printed Name

Date

Signature

Office Use Only:		
General Compliance with Applicable Zoning and Housing Codes:		No Outstanding Financial Obligations to the Town:
Initials _____	Date _____	Initials _____ Date _____
Fee: \$75 X _____ units = \$ _____ Total Fee	Date Paid: _____	Clerk: _____ Initials
Lic. # _____	Expires: _____	

**NOTE: Please complete both Berlin PD and
Wor. County Forms below.**



Town of Berlin
10 William Street
Berlin, MD 21811

410-641-2770

410-641-2316 (Fax)

410-641-1333 Berlin Police

EMERGENCY CONTACT INFORMATION FORM



BUSINESS NAME: _____ DATE: _____

BUILDING ADDRESS: STREET NUMBER _____ STREET NAME _____

CITY _____ STATE _____ ZIP _____

MAIN BUSINESS PHONE NUMBER: _____

ALTERNATE BUSINESS PHONE NUMBER: _____

EMERGENCY CONTACTS (please list in priority order)

1. NAME: _____ POSITION: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____

2. NAME: _____ POSITION: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____

3. NAME: _____ POSITION: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____

IS BUILDING ALARMED? FIRE: ☐ BURGULAR: ☐ PANIC: ☐

ALARM COMPANY NAME: _____

ALARM COMPANY ID (not your password): _____

IS THERE A SAFE ON PREMISES? ☐ YES ☐ NO IS MONEY KEPT ON THE PREMISES? ☐ YES ☐ NO

ARE WEAPONS KEPT ON THE PREMISES? ☐ YES ☐ NO

IF YES, WHERE AND WHAT TYPE? _____

ARE THERE ANY HAZARDOUS MATERIALS ON SITE OR OTHER HAZARDS THAT POLICE, FIRE, RESCUE,
OR EMERGENCY MEDICAL SERVICES NEED TO BE AWARE OF: _____



Worcester County
Department of Emergency Services
1 West Market Street, Room 1002
Snow Hill, MD 21863
410-632-1311
410-632-2141 fax

EMERGENCY CONTACT INFORMATION FORM

BUSINESS NAME: _____

BUILDING ADDRESS: Street Number _____ Unit Number (if applicable) _____

Street Name: _____ City: _____

MAIN BUSINESS PHONE NUMBER: _____

ALTERNATE BUSINESS PHONE NUMBERS: _____

EMERGENCY CONTACTS (please list in priority order)

1. NAME: _____ POSITION: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____ PAGER: _____

2. NAME: _____ POSITION: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____ PAGER: _____

3. NAME: _____ POSITION: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____ PAGER: _____

IS BUILDING ALARMED-----FIRE: ☐ BURGLAR: ☐ PANIC: ☐

ALARM COMPANY NAME: _____

ALARM COMPANY ID: (if applicable —not your passcode): _____

IS BUILDING EQUIPPED WITH KNOX BOX (key lock box): ☐ YES ☐ NO

LOCATION OF BOX: _____

ARE THERE ANY HAZARDOUS MATERIALS ON SITE OR OTHER HAZARDS THAT
POLICE, FIRE, RESCUE, OR EMERGENCY MEDICAL SERVICES NEED TO BE AWARE
OF: _____

All information is kept confidential and used only for public safety purposes only. Please keep your information with us updated. If you can provide any floor plans or additional important information about your business, please include it with the return of this form to the above address, fax or e-mail to: dispatch@co.worcester.md.us. Contact us with any questions you may have concerning this form or any other emergency preparedness concerns. Thank you for your cooperation to allow us to provide the best and most accurate information available to the emergency responders to your business. Keylock boxes are available from your local fire company to allow immediate emergency access and reduce property damage to gain entry in an emergency situation.