TOWN OF BERLIN
10 William Street
Berlin, MD 21811

RENTAL LICENSE APPLICATION

Please complete all applicable sections.
A separate application is required for each rental property.

Date of Application**:** _____ Type of rental: ☐ Long-Term Rental ☐ Short-Term Rental

Address of Rental Property: _____

Approximate number of occupants: _____ Number of bedrooms: _____

Year property was built: _____ If this property was built before 1978, it is considered an "Affected Property" and will require a Lead Free Certificate through MDE before registration. A Residential Rental Property Lead Law Compliance Certification will be required in addition to this application if built before 1978. (Page 2 of this document)

Property owners name: _____

Property owners address: _____

Property owners mailing address (if different from above): _____

Phone number: _____ Email address: _____

Property Managers name (if applicable): _____

Property Managers phone number: _____ Email address: _____

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 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, leaser, renter or 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: _____ Initials _____ Date		No Outstanding Financial Obligations to the Town: _____ Initials _____ Date	
Fee: $____ X _____units = $_____ Total Fee	Date Paid: _____	Clerk: _____ Initials	
Lic. # _____	Expires: _____		

Maryland Department of the Environment
Residential Rental Property
Lead Law Compliance Checklist

Pursuant to Title 1, Subtitle 5 of the Local Government Article, before a local government authorizes or certifies residential property to be rented or leased, the owner of the residential property shall state in writing to the local government under penalty of perjury:

A. That the residential property is not a rental property constructed prior to 1978 ("Affected Property"); or
B. That the residential property is an Affected Property that has been registered and for which the registration has been renewed in accordance with §§ 6-811 and 6-812 of the Environment Article; and
C. If the property is an Affected Property, provides the inspection certificate number for the inspection conducted for the current tenancy as required under §§ 6-815(c), 6-817(b), or 6-819(e) of the Environment Article.

If you have any questions regarding compliance requirements, please contact MDE at 410-537-4199 or visit mde.maryland.gov/lead. In addition to providing the information below, rental owners must also provide documentation of compliance with the Maryland Lead Laws.

1. Rental Property Owner: Name: _____
   Address: _____
   _____
   City/State/Zip

2. Rental Property Address: **(Please complete a separate checklist for each separate dwelling unit)**
   _____
   _____
   City/State/Zip

3. Is the residential rental property an Affected Property? **YES** ☐ **NO** ☐

4. If the answer to #3 is "No," give reason (e.g., post 1977, Lead Free, MDE Lead Certificate (issued by Maryland Accredited Lead Inspector): _____

If answer to #3 is "NO," proceed no further.

5. If "Yes" to #3 above, has the property been registered with MDE? **YES** ☐ **NO** ☐
6. What is your MDE Registration Tracking Number? _____
7. What is the current year of your MDE rental registration? _____
8. When did the current tenant(s) move in to rental property? _____/_____/_____
9. Provide the most recent Lead Inspection Certificate Number for the current tenancy as required under the Environment Article. _____

Please note: You must obtain a new certificate indicating that the property meets a risk reduction standard upon each change in occupancy for all residential rental properties built prior to 1978. If the residential rental property was built from 1950 to 1977 a new certificate must be obtained after a change in occupancy occurs on or after January 1, 2015. Only rental properties that have a valid "lead free" or "limited lead free" certificate are exempt from registration and certificate at turnover provisions of the law.

Copy of Certificate attached **YES** ☐ **NO** ☐

I hereby certify under the penalties of perjury that the above information is true and accurate.

_____ _____
Print Name Signature/Date

Maryland Department of the Environment

Revised 3/2019

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: _____
_____

All information is kept confidential and used for public safety purposes only.

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 COMPANYNAME:_____

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

IS BUILDINGEQUIPPED WITH KNOXBOX(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 firecompany to allow immediate emergency access and reduce property damage to gain entry in an emergency situation.