



Amusement Hall License Application

License Expires One Year From the Date of Issuance

Baltimore County, Maryland
Department of Permits, Approvals and Inspections
County Office Building, Room 101
Towson, MD 21204
410-887-3616

Annual Fee: \$100.00

Application Date _____

Check or money order made payable to "Baltimore County, MD"

License Year _____

Business Trade Name _____ Telephone No. _____

Business Address _____ Zip Code _____

Mailing Address Name _____
(If different from business trade name)

Mailing Address _____ Zip Code _____
(If different from business address)

Business Owner's Name _____ Telephone No. _____

Business Owner's Address _____ Zip Code _____

Day(s) and Times of Operation:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

Year Round Operation: YES NO Seasonal: Date(s) of Operation: _____

Will food be served? YES NO If YES, type of food: Vending _____ Prepackaged _____ Prepared _____

I hereby certify that the above information is true and correct and that the Amusement Hall is operated in accordance with Article 21, Section 21-4-301 through 21-4-309, Baltimore County Code, 1988 Edition, as amended.

Print Owner's Name

Owner Signature

AGENCY APPROVALS

Based upon visual inspection, the building occupied by the amusement hall appears structurally safe and in compliance with applicable building, electric and plumbing codes.

Signature of Code Inspection and Enforcement Officer

Date

If disapproved, state reason(s) _____

The building and the premises on which the building is located, where the amusement hall, described above is located, are in compliance with the standards and regulations of the Department of Environmental Protection and Sustainability (DEPS) and the State Department of Health and Mental Hygiene.

DEPS Signature

Date

If disapproved, state reason(s) _____

The building occupied by the amusement hall, described above, is in compliance with the county fire protection code.

Fire Marshal Signature

Date

If disapproved, state reason(s) why _____

For Office Use Only

License No. _____ Cash Receipt No. _____ Fee Paid _____ Cash Receipt Date _____

Date Received _____ Date Issued _____ Date Entered _____ By _____