

MONTGOMERY COUNTY GOVERNMENT OFFICE of CONSUMER PROTECTION

100 Maryland Avenue, Room 3600 Rockville, Maryland 20850 240-777-3636 (Office) 240-777-3468 (Fax) http://montgomerycountymd.gov/ocp



NEW HOME BUILDER REGISTRATION APPLICATION CHECKLIST

(This checklist should be $\underline{\text{completed}}$ and $\underline{\text{submitted}}$ with the application)

1.	□ New Registration Application OR
	☐ Renewal Registration Application
2.	☐ Maryland Home Builder Registration #:
3.	☐ Montgomery County Government Fee (\$805) Check#:
4.	☐ State of Maryland Guaranty Fund Fee (\$250) Check# :
5.	☐ State Department of Assessments and Taxation (SDAT) ID#:
6.	☐ <u>All</u> Sections (A-G) Completed (write "N/A" for all items that are not applicable)
7.	☐ Application Signed and Dated
8.	☐ Certificate of Insurance (\$500,000 minimum) OCP must be listed as Certificate Holder
9.	☐ Mailing Address (if different from Business Address)
NOTE: Applica	ations missing <u>any</u> of the items on this checklist are considered INCOMPLETE and <u>will not</u> be processed and will be discarded.
	FOR NEW APPLICATION ONLY
10.	☐ Three (3) Material Suppliers/Credit References
11.	□ Letter from Bank (on Bank letterhead)
12.	□ Resume
13	☐ Copy of any additional Builders Licenses or Registrations



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NEW HOME BUILDER REGISTRATION

Formerly Building Contractors License Application

☐ New Registrati	on	•	New and renewal registrations expire two (2) years from date of issuance.
☐ Renewal Regist Registration #: Expiration Date:		•	A non-refundable, non-waivable registration fee in the amount of \$805 is required for every registration.
Maryland Home Registration #: (Required to waive	Builder e \$250 Guaranty Fund Fee)	•	A non-refundable, non-waivable State Guaranty Fund fee in the amount of \$250 is required for every registration, unless the applicant is currently registered with the Maryland Home Builder Registration Unit.
Guaranty Fund Fe	es MUST be paid by check of	or n	money order payable to "Montgomery County, MD" noney order payable to "Office of the Attorney General" PANY THE REGISTRATION APPLICATION
Your Application v			IDENTIFICATION formation in this Application is Omitted or Incorrect.
Business Type:	\square Corporation \square Limited	Lial	oility Company 🗆 Partnership 🗀 Sole Proprietor
Business Name:	Business name MUST match certificate of insurance.	h th	e name listed on the corporate documents and the
Other Names:	List ALL other names under	wh	ich the applicant does business, including trade names.
Business Address:			
Business Phone #:		_	Business Email:
Mailing Address:	Only if different than Busine	 2SS /	Address.

SECTION B – BUSINESS OWNERSHIP INFORMATION

Changes in ownership or owner address MUST be reported to OCP within 30 days of change.

. CORPORATION AND LIMITED LIABILITY COMPANIES

Complete this section if your home building business is formed as a **CORPORATION** or **LIMITED LIABILITY COMPANY(LLC)**.

NAME OF CORPORATIO	N/OR LLC:	
State of Incorporation / Org	anization: Date	of Incorporation / Organization:
Federal Employer Identificat	ion Number (FEIN):	
Address:		
Phone #:	Contact Email A	ddress:
MARYI AND RESIDENT AG	FNT (Full name)	
		Phone #:
	IPLETE ONLY FOR LIMITED	
		lember, provide a copy of the section of the agreemen
, ,	, , , ,	no Operating Agreement list all members of the LLC.
LLC MANAGING MEMBI	ER:	
		Ownership %
PRESIDENT / MEMBER I	NAME:	
		Ownership %
VICE PRESIDENT / MEM	BER NAME:	
Contact Phone #:	Email:	Ownership %
TREASURER / MEMBER	NAME:	
		Ownership %
SECRETARY / MEMBER	NAME:	
Home Address:		
		Ownership %
List all other persons, officers	s, members, entities holding moi	re than a 10% interest in the business. Use
Supplement B if necessary.		
NAME:		
		Ownership %

II. PARTNERSHIP

III.

Complete this section if your home building business is formed as a **PARTNERSHIP**. Provide the names of all partners holding more than a 10% partnership interest. If the partnership is a limited partnership, identify the general partner.

FULL NAME OF PARTNE	R:	
Contact Phone #:	Email:	Ownership %
FULL NAME OF PARTNE	R:	
Contact Phone #:	Email:	Ownership %
FULL NAME OF PARTNE	R:	
		Ownership %
FULL NAME OF PARTNE	R:	
Contact Phone #:	Email:	Ownership %
GENERAL PARTNER (if a	oplicable):	
Contact Phone #:	Email:	Ownership %
SOLE PROPRIETOR		
Complete this section if your	home building business is a SOL	E PROPRIETOR.
FULL NAME:		
SEC.	TION C – BUILDE	R DESIGNEE
		o OCP within 30 days of change.
•	3 ,,	ome building business that is a partner, officer,
3	•	dividual responsible for on-site building activity.
This individual must be authorized business. A sole proprietor is auto-		greements on behalf of the homebuilding
	,	
Home Phone #:	Personal Email:	

SECTION D – LEGAL ACTION OR INTEREST IN OTHER HOME BUILDING ENTITIES

Your Application will not be Complete If any Information in this Section is Omitted.

1)	Has this business or any individuals or companies named in Section B, had any interest in any other new home building companies in Montgomery County or any other jurisdiction in the past ten years?				
	Yes \square No \square (If yes, please list their names and the companies involved in Supplement D)				
2)	Has this business or any individuals or companies named in Section B, had any building or construction related license suspended, revoked, surrendered, or not renewed for cause in Montgomery County or any other jurisdiction?				
	Yes ☐ No ☐ (If yes, please explain in Supplement D)				
3)	Does this business or any individuals or companies named in Section B, have any unresolved Consumer Protection complaints pending in Montgomery County or any jurisdiction? Yes \square No \square (If yes, please explain in Supplement D)				
4)	Does this business or any individuals or companies named in Section B, have any pending law suits or outstanding unsatisfied judgments?				
	Yes □ No □ (If yes, please explain in Supplement D)				
5)	Does this business have any outstanding building code violations? Yes Do O (If yes, please explain in Supplement D)				
6)	Has any officer, director or owner holding a financial interest of 10% or more in this homebuilding busines ever filed for bankruptcy?	SS			
	Yes □ No □ (If yes, please provide an explanation and resolution and list their names and the companies involved in Supplement D)				
7)	Has any officer, partner, building designee, or owner been convicted of a felony in the last ten years? Yes \square No \square (If yes, please explain in Supplement D)				
	SECTION E – BUILDING EXPERIENCE (FOR NEW REGISTRANTS ONLY) Your Application will not be Complete If any Information in this Section is Omitted.				
1)	Furnish in detail the experience of the business or the qualifications of the Builder Designee responsible fo construction upon which the company's ability to build in Montgomery County is based. Resumes may be attached:				

Project Address	County	Type: (S	F/TH/Condo)	No. of Units	Date Complete
owner? Please explain in detail:					
List your building projects planne	ad for the next y	vear.			
List your building projects planne	ed for the next y	/ear:			
List your building projects planne Project Address	<u> </u>	/ear:	Type: (SF/1	H/Condo)	No. of Units
	<u> </u>		Type: (SF/T	'H/Condo)	No. of Units
	<u> </u>		Type: (SF/T	'H/Condo)	No. of Units
	<u> </u>		Type: (SF/1	H/Condo)	No. of Units
	<u> </u>		Type: (SF/T	'H/Condo)	No. of Units
	<u> </u>		Type: (SF/I	H/Condo)	No. of Units
	<u> </u>		Type: (SF/T	H/Condo)	No. of Units
	<u> </u>		Type: (SF/T	'H/Condo)	No. of Units
	<u> </u>		Type: (SF/1	'H/Condo)	No. of Units
	<u> </u>		Type: (SF/T	'H/Condo)	No. of Units
	<u> </u>		Type: (SF/1	H/Condo)	No. of Units
Project Address	Cou	inty			No. of Units
	Cou	inty			No. of Units
Project Address	Cou	inty			No. of Units
Project Address List any pending building permits	s for new home	construct	ion in Montgo		No. of Units
Project Address	s for new home	construct	ion in Montgo		No. of Units
Project Address List any pending building permits	s for new home	construct	ion in Montgo		No. of Units

SECTION F – REFERENCES AND FINANCIAL RESPONSIBILITIES

Your Application will not be Complete If any Information in this Section is Omitted.

- 1) **New Registrants and Renewals:** Provide a copy of the certificate of insurance liability (minimum \$500,000) and workman's compensation insurance is not required if you have less than two employees. Note: Montgomery County Office of Consumer Protection **MUST** be listed as Certificate Holder. All documentation must have the exact name of the registrant.
- 2) **New Registrants must** provide three material Supplier Reference Forms from suppliers of construction materials as credit reference using the forms that are attached to this application. **Two of the references must list the total credit limit.**
- 3) **New Registrants must** provide a current letter of reference from a bank or other lender indicating that the registrant maintains an account in good standing.

SECTION G - REGISTRANT SIGNATURE

Your Application will not be Complete If not Signed.

I HEREBY CERTIFY that I have read and fully comprehend this form in its entirety and that the information herein provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or the revocation of any registration that may be issued. By signing this application, I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct. I understand that if there are any changes in information provided, I must notify the Department within 30 days of the change. Failure to do so may result in the suspension or revocation of my registration. I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

Signature	Date
Print or Typed Name of Above Signature	Title

Submit completed application to:

Montgomery County Office of Consumer Protection
Licensing & Registration Unit
100 Maryland Avenue, Suite 3600
Rockville, MD 20850

Check or money order MUST be made payable to Montgomery County, MD. All fees are NON-REFUNDABLE and NON-TRANSFERABLE.

SUPPLEMENT B

List all other persons, officers, members, entities holding more than a 10% interest in the business.

NAME:		
Home Address:		
Contact Phone #:	Email:	Ownership %
NAME:		
Home Address:		
Contact Phone #:	Email:	Ownership %
NAME:		
Home Address:		
Contact Phone #:	Email:	Ownership %
NAME:		
Home Address:		
Contact Phone #:	Email:	Ownership %
NAME:		
Contact Phone #:	Email:	Ownership %
NAME:		
Home Address:		
Contact Phone #:	Email:	Ownership %
NAME:		
Contact Phone #:	Email:	Ownership %
NAME:		
Home Address:		
Contact Phone #:	Email:	Ownership %
NAME:		
Contact Phone #:	Email:	Ownership %
NAME:		
Home Address:		
Contact Phone #:	Email:	Ownership %
NAME:		
Contact Phone #:	Email:	Ownership %

SUPPLEMENT D

Use to provide written explanations to the questions in Section D

1)	Has this business or any individuals or companies named in Section C, had any interest in any other new home building companies in Montgomery County or any other jurisdiction in the past ten years? Yes \square No \square				
2)	Has this business or any individuals or companies named in Section B, had any building or construction related license suspended, revoked, surrendered, or not renewed for cause in Montgomery County or any other jurisdiction? Yes \square No \square				
3)	Does this business or any individuals or companies named in Section B, have any unresolved Consumer Protection complaints pending in Montgomery County or any jurisdiction? Yes No				

4)	Does this business or any individuals or companies named in Section B, have any pending law suits or outstanding unsatisfied judgments? Yes \square No \square
Γ\	
5)	Does this business have any outstanding building code violations? Yes □ No □
6)	Has any officer, director or owner holding a financial interest of 10% or more in this homebuilding business ever filed for bankruptcy? Yes \square No \square
_,	
7)	Has any officer, partner, building designee, or owner been convicted of a felony in the last ten years? Yes \square No \square
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