



Department of Permitting Services
 Division of Building Construction
 255 Rockville Pike, 2nd Floor
 Rockville, MD 20850-4166
 Phone: 311 in Montgomery County or (240) 777-0311
 Fax (240)-777-6262
 http://www.montgomerycountymd.gov/permittingservices



Application for Benefit Performance Permit

A. Application Information

Date of Application _____ License # _____

APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED (Please Print)

***To review our current procedures & fees please visit our website at: [DPS/Licensing – Benefit Performance](#) or call 311; 240-777-0311 (if outside Montgomery County) for current fee schedule**

B. Site/Property Address

Location of Benefit Performance: _____

C. Applicant Contacts

Name of Responsible Person: _____

LAST

FIRST

MIDDLE

Name of Organization: _____

Mailing Address: _____

CITY

STATE

ZIP CODE

Day Phone: _____ Evening Phone: _____

D. Custom/Purpose

Type of Benefit Performance: _____

If this is a carnival list name and telephone number of owner.

Date and Time of Benefit Performance: _____

Nearest Cross Street: _____

Distance to Nearest Dwelling in Feet: _____

Is Food Being Served? Yes [] No []

If yes, have you applied for a Food Service License? Yes [] No []

If yes, please attach copy of documentation (s) from the Department of Health and Human Services

Are Alcoholic Beverages Being Served Yes [] No []

If yes, please attach copy of documentation (s) from the Board of License Commissioners (temporary alcoholic beverage)

PLEASE COMPLETE AND SIGN REVERSE SIDE

***LICENSE FEE:** To review our fee schedule please DPS website at: [DPS/Licenses - Benefit Performance](#)

* Payment shall be made by check, cash or money order made payable to Montgomery County Government.

***NOTE: A COPY OF THE ORGANIZATION'S FEDERAL TAX EXEMPTION NUMBER MUST BE SUBMITTED WITH THE APPLICATION OR VERIFICATION THAT THE ORGANIZATION IS IN COMPLIANCE WITH THE MARYLAND CHARITABLE SOLICITATIONS ACT TITLE 6 BUSINESS REGULATION, ARTICLE SECTION 6-101 AND SECTION 6-411 OF THE ANNOTATED CODE OF MARYLAND.**

I. Affidavit

I, as applicant, do solemnly avow that all statements are true, that the organization is bonafide, and that I am aware of the penalties for operating in violation of the requirements of the Montgomery County Code.

Applicant's Original Signature

Date

Print Name

Date

H. For Official Use Only

Receipt # _____

Date Application _____

Approved _____

Disapproved _____

Reviewer _____

Remarks _____