



MARYLAND DEPARTMENT OF NATURAL RESOURCES  
 LICENSING AND REGISTRATION SERVICE  
**BOAT DEALER LICENSE APPLICATION**

New application     Renewal     Change of information

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Location (if different): \_\_\_\_\_

Additional locations where inventory will be kept: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Sole proprietorship    Social Security # (required) \_\_\_\_\_ Fax: \_\_\_\_\_

Partnership     LLC     Corporation (in the state of \_\_\_\_\_) Federal ID# (required) \_\_\_\_\_

Business hours: \_\_\_\_\_ New Boats  Used Boats  Brokered Boats  Manufacturer  Lien & Recovery    Lease

Number of salespersons to be employed: \_\_\_\_\_ Trader's License # (if applicable) \_\_\_\_\_

Check one:  Workmen's Compensation Insurance Carrier: \_\_\_\_\_

Policy or binder # \_\_\_\_\_ Effective Date: \_\_\_\_\_

Exempt from Workmen's Compensation requirement – self-employed

**CERTIFICATION (required for all officers, partners and owners)**

I certify under penalty of perjury that the statements herein are true and correct to the best of my knowledge, information and belief. I will abide by the provisions of the Natural Resources Article, Annotated Code of Maryland and Departmental regulations.

I certify under penalty of perjury that I  have  have not been convicted of a controlled dangerous substance offense occurring on or after January 1, 1991, and understand that if convicted, my license may not be renewed or may be suspended or revoked.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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Printed Name

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Home Telephone

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Home Telephone

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Home Address

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Home Address

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Home Address

\_\_\_\_\_  
City St Zip

\_\_\_\_\_  
City St Zip

\_\_\_\_\_  
City St Zip

DEPARTMENT USE ONLY    Dealer \_\_\_\_\_ License Yr \_\_\_\_\_ Bond \$ \_\_\_\_\_ Bond exp date: \_\_\_\_\_