



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

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

Printed Name

Title

Title

Title

Date

Date

Date

Home Telephone

Home Telephone

Home Telephone

Home Address

Home Address

Home Address

City St Zip

City St Zip

City St Zip

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