

Howard County Utility Contractor License Application

Howard County Maryland Department of Inspections, Licenses, and Permits

Howard County License Number #:

Questionnaire: ____Yes ____No

(For Office Use Only)

3430 Court House Drive Ellicott City, MD 21043 Permits: 410-313-2455 Inspections: 410-313-1840 www.howardcountymd.gov

Please **Print** Using Blue or Black Ink OR **Type**:

Licensee Full Name:		
Licensee Company Name:		
Licensee Company Street Address:		
Licensee Company City:	State:	Zip Code:
Phone Number:	Cell Number:	
Email Address:		
Insurance Company Name:		
Insurance Policy Number:	Insurance Expirat	ion Date:
The undersigned licensee hereby certifies under penalties of perjury that the information listed above is accurate. The licensee agrees that if he/she becomes uninsured for any reason he/she will notify Howard County within 24 hours and cease all work until such time as the required insurance is obtained. Failure to notify the County or perform any work while uninsured constitutes grounds for suspension of this license and will required the licensee to immediately surrender his/her license to this office.		
Licensee's Original Signature		