

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

**AUTHORIZATION TO OPERATE A FAMILY CHILD CARE BUSINESS
ON RENTAL OR LEASED PROPERTY**

I hereby authorize my lessor/landlord/owner/agent to release the request information noted below to the Maryland State Department of Education, Office of Child Care:

_____	_____
(Print Name of tenant/lessee)	(Date)
_____	_____
(Address of tenant/lessee)	
_____	_____
(Signature of tenant/lessee)	(Date)

I, _____ as the **lessor/landlord/owner and/or agent** (circle one) of the property located at:

(Street, City, ZIP)

give my permission for **(name of tenant/lessee)**, _____ to operate a Family Child Care Business at the above address.

Per COMAR 13A.15.02.02B(10), COMAR 13A.15.02.03A(6), COMAR 13A.18.02.02D(14) and COMAR 13A.18.02.03A(6) this form must be submitted to your regional licensing office when submitting the original application, when converting from an expiring to a non-expiring registration and every two (2) years by the anniversary date.

_____	_____
Signature of the Lessor/Landlord/Owner/Agent (L/LL/O/A)	Print Name of L/LL/O/A
_____	_____
Address of the L/LL/O/A	Date signed
_____	_____
Phone Number of L/LL/O/A	Email of L/LL/O/A

Please return this form to your regional office.