

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 landlord/agent to release the requested information noted below to the Maryland State Department of Education, Office of Child Care:

Print Name of Tenant

Date

Address of Tenant

Signature of Tenant

Date

I, _____ as the **landlord/agent** (circle one) of the property located

at: _____
(Street, City, Zip)

give my permission for (name of tenant), _____ to operate a family child care business at the above address.

Per COMAR 13A.15.02.02 B (10), COMAR 13A.15.03 A (6), COMAR 13A.18.02.02 D (14) and COMAR 13A.18.03 A (6) this form must be submitted to your regional licensing office when submitting the original application, and every two (2) years by the anniversary date.

Signature of Landlord/Agent

Print Name

Address of the Landlord/Agent

Date

Phone Number

Email