

HOWARD COUNTY INFORMATION SHEET
PARTNERSHIP OR JOINT VENTURE

FORM B

1. PARTNERSHIP OR JOINT VENTURE NAME: _____

2. PRINCIPAL BUSINESS OFFICE ADDRESS: _____

TELEPHONE: (WORK) _____ (CELL) _____

FAX: _____ E-MAIL: _____

3. NAME AND ADDRESS OF GENERAL PARTNERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):

Each corporation, partnership, joint venture, or organization identified as a General Partner must be fully identified on its own Information Sheet. All agreements between Howard County and a partnership or joint venture are to be executed by the Managing Partner and a General Partner, which may be the same person or entity.

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

4. NAME AND ADDRESS OF LIMITED PARTNERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):

NAME: _____ TITLE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

ADDRESS: _____

5. NAME OF MANAGING PARTNER: _____

6. DATE PARTNERSHIP WAS FORMED: _____ STATE OF CERTIFICATION: _____

7. MD STATE ASSESSMENT REGISTRATION NO.: _____

8. TAXPAYER IDENTIFICATION NUMBER: _____

9. IS PARTNERSHIP AGREEMENT RECORDED AMONG THE LAND RECORDS?
YES _____ NO _____

I solemnly declare and affirm under the penalties of perjury that the information contained within and attached hereto is true, correct and complete.

(Authorized Signature) (Date)

(Type or Print Name) (Title)

ATTACH COPY OF STATEMENT OF PARTNERSHIP AUTHORITY IF ONE HAS BEEN FILED WITH THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION.