**HOWARD COUNTY INFORMATION SHEET FORM B**

 **PARTNERSHIP OR JOINT VENTURE**

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.**