

Amount Due: \$ _____
Date Paid: _____
Pd By: _____

CALVERT COUNTY HEALTH DEPARTMENT
Division of Environmental Health
P.O. Box 980
Prince Frederick, MD 20678
410-535-3922/301-855-1557
Fax# 410-535-5252
www.calverthealth.org

License # _____

APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

Application is hereby made to operate a food establishment in accordance with the Health-General Article §21-305, Annotated Code of Maryland Governing Food Establishments. A Permit Fee for Permanent Food Establishments for High Priority is \$300, Moderate Priority is \$230, Low Priority is \$180 and Seasonal Food Establishments is \$180. These fees must accompany those applications. Please make all checks payable to the Calvert County Health Department.

PLEASE PRINT OR TYPE

Type of Application: NEW _____ CHANGE OF OWNERSHIP _____ RENEWAL _____

I. Facility Information

Name of Business: _____ T/A: _____

Former Name of Business (if applicable): _____

Physical Address: _____

Mailing Address: _____

Directions: _____

Facility Phone#: _____ Contact Person: _____

Contact Person Phone #: _____ Email: _____

II. Business Owner (Licensee Agent) – If incorporated, see next section.

Name: _____
(Please Print)

Address: _____

Phone#: _____ Fax #: _____ Email: _____

Signature: _____

III. Corporate Information

Name: _____ Tax ID# (FEIN): _____

Address: _____

Corporate Contact Person: _____ Phone#: _____

Fax#: _____ Email: _____

Signature: _____

IV. Property Owner

Name: _____

Mailing Address: _____

Phone#: _____

V. **Operations**

Check Applicable Operation: Permanent _____ Seasonal _____ (4 Month Consecutive Operation or Less)

Normal Days/Hours for Business Operation: _____ (Specify Starting Mo/Day & Ending Mo/Day if Seasonal)

Number of Seats: _____ # of patrons served per day: _____

Check Type of Establishment: (Check all that apply)

Restaurant _____ Mobile Unit _____ School _____ Processing _____
Hospital _____ Caterer _____ Grocery _____ Other _____
Nursing Home _____ Liquor Store _____ Carry Out _____ (Explain) _____

VI. **Utilities**

Water Supply: _____ Public _____ Private* _____ * For "private wells", does the facility serve 25 or more patrons, for 60 days or more per year? _____ Yes _____ No

Sewerage: _____ Public _____ Private _____ Yes _____ No

Grease Trap: _____ Yes _____ No Grease Trap Size: _____ gallons

VII. **Mobile Unit**

Make: _____ Model: _____ Year: _____ Color: _____

Tag#/State: _____ VIN: _____

Owner: _____ (Name, Address, Phone Number)

Special Markings: _____ (Names, Numbers Etc.)

Mechanical Refrigeration: _____ Yes _____ No Ice: _____ Yes _____ No

VIII. **Source of Food:** _____ (Name of Supplier, Grocery, Restaurant or Commercial Distributor)

Type of Food Service System/Processes (check all processes that apply and circle the applicable food flows):

_____ Process 1 (commercial packaged potentially hazardous food; hand dipped ice cream)

_____ Process 2 (cook-serve; cook-hot hold serve; cold hold-serve)

_____ Process 3 (cook-hot hold-cool-serve; cook-hot hold-cool-reheat serve; cook-hot hold-cool-reheat-serve; cook-cool-reheat-hot hold-serve; cook-cool-cold hold-serve; special processes)

_____ Other: _____

IX. **Workers Compensation Insurance Information**

Workers Compensation Insurance Provided: _____ Yes _____ No

If "yes", please list Carrier Name: _____ Policy# _____

If "no", please list reason (exempt, sole proprietor, etc....): _____

By signing this application, you hereby acknowledge that your business is in compliance with the Maryland Worker's Compensation Laws and Regulations.

OFFICIAL USE ONLY: License Issued: _____ Approved By: _____

Date HACCP Approved: _____

Priority: High _____ Moderate _____ Low _____