



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

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Environmental Health Services, 350 Montevue Lane, Frederick, MD 21702

Application for an Annual License to Operate a Food Service Facility

Food Service Facilities must operate in accordance with COMAR 10.15.03

NOTE: For Food Service Facilities **RENEWING THEIR ANNUAL LICENSE**, that **do NOT** have **ANY** changes to the Business Name, Addresses, Owner Name, or PIC may provide the Worker's Compensation Information **only**. Signature, date and position required to be filled out.

Business Name (as it will appear on lic.) _____

Physical Address _____

Mailing Address _____

Facility Phone _____ Facility Fax/Email _____

Owner of Business _____
(INC. or LLC)

Person In Charge _____ PIC Phone _____ PIC Position _____
(Individual) (Owner, etc.)

Former Name _____ Type of Facility _____

Water Supply: Public/Municipal **Private/Well** Sewerage: Public System Private/Septic

Note: A private water supply (well) must be tested and approved per COMAR 10.15.03.18A. A Certificate of Potability (COP) is required for all new wells.

Business Operation: Permanent/Year-round

Mobile Unit Tag # _____ Seasonal/Temporary (operating dates) _____

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit be issued to an employer to engage in an activity in which the employer may employ a covered employee, as defined in § 9-101 of the Labor and Employment Article, the employer shall file with the issuing authority: a certificate of compliance with the Maryland Workers' Compensation Act; or the number of a workers' compensation insurance policy or binder.

Circle the number of the option which applies to you/your business and **provide** the requested information.

1. Worker's Compensation Insurance Provided Ins. Company Name _____
Policy or Binder # _____
2. A waiver has been received from the MD Worker's Compensation Commission. (Attach Copy of the Waiver)
3. As provided, I am exempt from having worker's comp. insurance. (Attach Copy of the Compliance Certificate)
4. I am self-insured. Approval of self-insurance has been received from the Worker's Compensation Commission. (Attach Copy of the Compliance Certificate)
5. I am self-employed. I have no employees.

Applicant Signature _____ Position _____

Provide Est. # _____ (see invoice) (Date)