



**Public Health**  
Prevent. Promote. Protect.

Frederick County Health Department

**Frederick County Health Department**  
Environmental Health Services, 350 Montevue Lane, Frederick, MD 21702

**Application for a Mobile Reciprocity License**

*Application is hereby made to operate a food service facility in accordance with the provisions of Health-General Article, §21-306, Annotated Code of Maryland; Code of Maryland Regulations (COMAR) 10.15.03; and all applicable State & Local laws and regulations.*

**Note:** Approval from the Frederick County Office of the Fire Marshal, (301)600-1479, is required prior to operating in Frederick County.

**The following documentation must be provided with this application:**

- Maryland "County of Origin" issued Food Service Facility License.
- Commissary Food Service Facility License & Authorization for Use documentation.
- Menu & Approved HACCP Plan with County Health Dept. letter or stamp.
- Copy of Vehicle Registration & Photo of Mobile Unit (showing entire exterior of vehicle).
- *Frederick County Health Department* Emergency Contact Form.
- MURL license fee payable to *Frederick County Health Department*.

Business/Trade Name: \_\_\_\_\_

Corporation, LLC, Sole Proprietorship, etc.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax/Email: \_\_\_\_\_

Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_ (Home/Mobile)

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Former Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Vehicle License Plate Tag # \_\_\_\_\_ Vehicle VIN # \_\_\_\_\_

Water Supply:  Public/Municipal  Private Well Sewer:  Public System  Private Septic  Holding Tank

**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  Seasonal/Temporary (operating dates): \_\_\_\_\_

Mobile Unit Tag # \_\_\_\_\_ VIN# \_\_\_\_\_

**Verification of compliance with the Maryland Workers' Compensation Act is required before a license or permit may be issued, in accordance with Maryland Health-General Code Annotated Section §1-202.** **CIRCLE ONE:**

1. Worker's Compensation Insurance Provided Ins. Company \_\_\_\_\_  
Policy/Binder # \_\_\_\_\_
2. I am self-employed per Md. Labor and Employment Code Ann §9-227.
3. Election of exemption per Md. Labor and Employment Code Ann §9-206. (Attach Copy of WCC Exclusion Form IC-16)
4. I am self-insured per Md. Labor and Employment Code Ann §9-405. (Attach Copy of WCC Approval §9-403)
5. A waiver has been received from the MD Worker's Compensation Commission. (Attach Copy of the Waiver)

*I have read the above application and attached requirements and I understand that falsification of this application may result in the denial, suspension or revocation of the license.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:** Lic. Fee. Pd.: \_\_\_\_\_ Entered: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Region: \_\_\_\_\_ Priority: \_\_\_\_\_ Updated 8.1.25