# Frederick County Health Department

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

## Application for a License to Operate a Food Service Facility

*Food Service Facilities must operate in accordance with COMAR 10.15.03. The undersigned has made an application under the provisions of Health-General Article, §21-306, Annotated Code of Maryland, for a Food Service Facility License to operate the following establishment:*

☐ New Facility ☐ Change of Owner

Business Name (DBA): _____

Facility Address: _____

Billing/Mailing Address (*if different*): _____

Name of Owner (Corp, LLC, or Sole Owner): _____

Facility Phone: _____ Facility Fax/Email: _____

Applicant Name: _____

Address: _____

Cell Phone#: _____

Email: _____ Home Phone#: _____

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 FOOD FACILITIES ONLY:*** Must Submit Commissary Agreement Form.

Vehicle License Plate Tag # _____ Vehicle VIN # _____

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 _____ Date _____

***- OFFICE USE ONLY -***

Lic. Fee Pd.: _____ Entered: _____ Lic. #: _____

Region: _____ Priority: _____ Former Name: _____

Updated 9/2018