



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: A "County of Origin" Food Service Facility License in MD is required for a Mobile Unit to qualify for a Mobile Reciprocity License.

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.
- Copy of Vehicle Registration & Photo of Mobile Unit (showing entire exterior of vehicle).
- *Frederick County Health Department* Emergency Contact Form.
- \$200 (High/Moderate) or \$75 (Low) 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): _____

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: _____