



# Division of Environmental Health

403 S. 7<sup>th</sup> Street, Rm 248, Denton, MD 21629

Health Officer, Laura Fretterd Patrick RN, BSN, MS

## FOOD SERVICE FACILITY PERMIT APPLICATION

Please allow for a minimum of 30 days from the receipt of an application for processing.

☐ New facility

☐ Change in ownership

**FEE SCHEDULE:** High/Moderate Priority: \$250  
Low Priority: \$180

Facility Name: \_\_\_\_\_

Former Facility Name (if applicable): \_\_\_\_\_

Facility (911) Address: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Facility Fax: \_\_\_\_\_

Applicant Name (license holder): \_\_\_\_\_

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

Applicant phone number & email: \_\_\_\_\_

Business Days & Hours: \_\_\_\_\_

Person in Charge (ex: manager): \_\_\_\_\_

Person in Charge phone number & email: \_\_\_\_\_

Number of Seats: \_\_\_\_\_

**Please complete the attached Maryland Worker's Compensation compliance statement and submit with this application.**

Applicant Statement: Application is hereby made for a permit to operate a Food Service Facility, in accordance with COMAR 10.15.03. I hereby certify that the information in this application is correct.

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

-----Health Department Use Only-----

Date Received:	Receipt # & Fee	Reviewed By:	Priority:	Date Permit Issued:

# State Of Maryland

## Department of Health and Mental Hygiene

Larry Hogan, Governor

Dennis R. Schrader, Secretary

Office of Food Protection and Consumer Health Services

Alan L. Taylor, Director

### **Statement of Compliance with Worker's Compensation Act**

Mental Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must file a certificate of compliance listing a worker's compensation insurance policy or binder number. Every employer who has employees anywhere in the United States, any United States Territory or United States possession, even if there are no employees in Maryland, must provide this information. This statement of compliance is based on the worker's compensation law applicable in the state in which the licensee is based.

**1. I have Worker's Compensation Insurance:**

Insurance company name: \_\_\_\_\_

Policy or Binder number: \_\_\_\_\_

**2. A waiver has been received from the Worker's Compensation Commission.** (Attach copy of waiver)

**3. As provided, I am exempt from the having the Worker's Compensation Insurance.**

(Attach copy of Certificate of Compliance)

**4. I am self-insured.** Approval of self-insurance has been received from Worker's Compensation Commission.

(Attach a copy of the Certification of Compliance)

**5. I am self-employed. I have no employees.**

Circle the number of the option above which applies to you, provide the requested information, sign and date the form below and return it with the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
*Food Service Permit*  
Type of License

### FOR OFFICE USE ONLY

New permit/license \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hold \_\_\_\_\_

Reason \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

6 St. Paul St, Suite 1301 – Baltimore, Maryland 21202 – (410) 767-8440

FAX (410) 333-8931

TDD for Disabled, Maryland Relay Service 1-800-735-2258