



DORCHESTER COUNTY HEALTH DEPARTMENT

Environmental Health Food Protection Program

3 Cedar Street, Cambridge, MD 21613

Phone: 410-228-1167 Fax: 410-901-8192

APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE FACILITY

Application is hereby made to operate a Food Service Facility in accordance with C.O.M.A.R. 10.15.03 Regulations Governing Food Service Facilities.

FACILITY NAME: \_\_\_\_\_

EXACT LOCATION: \_\_\_\_\_ (STREET OR ROAD, TOWN, STATE, AND ZIP CODE)

FACILITY OWNER/OPERATOR: \_\_\_\_\_

MAILING ADDRESS FOR LICENSE AND OTHER CORRESPONDENCE: \_\_\_\_\_

PHONE: Food Service Facility: \_\_\_\_\_ OWNER/OFFICER: \_\_\_\_\_

EMAIL ADDRESS FOR FACILITY RELATED CORRESPONDENCE: \_\_\_\_\_

Property Owner Name (if different from owner/operator): \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

OPERATION(S) PROPOSED (check all that apply):

- \_\_\_ Prepacked, commercially sealed foods
\_\_\_ Hand Dipped Ice Cream
\_\_\_ Mobile Unit (Please include commissary agreement or License from County of Origin)
\_\_\_ Carryout
\_\_\_ Dine In
\_\_\_ Coffee/Beverage Preparation (this includes beer, wine, and mixed drinks)
\_\_\_ Catering

NORMAL BUSINESS DAYS and HOURS: \_\_\_\_\_

NUMBER OF SEATS: \_\_\_\_\_ FIRE MARSHALL CAPACITY: \_\_\_\_\_

WATER SUPPLY: \_\_\_\_\_ Public Utility \_\_\_\_\_ Private (septic)

SEWERAGE: \_\_\_\_\_ Public Utility \_\_\_\_\_ Private (well)

SIGNATURE OF APPLICANT: \_\_\_\_\_

TITLE OF APPLICANT: \_\_\_\_\_

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OFFICIAL USE ONLY

I. D. NUMBER \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

Fee \$150 \$250 Receipt Number: \_\_\_\_\_ Received by: \_\_\_\_\_



# DORCHESTER COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

William C. Forlifer, R.S.  
Director

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Cambridge, MD 21613

410-228-1167  
FAX: 410-901-8192

Roger L. Harrell, MHA  
Health Officer

## STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit can be issued under the Health-General Article to an employer engaging in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers' Compensation Commission indicating the employer's workers' compensation insurance policy or binder number.

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

1. I have workers' compensation insurance.

Insurance Company \_\_\_\_\_

Policy or Binder Number \_\_\_\_\_

2. I do not have any *covered employees* as defined by Maryland Code Annotated, Labor Employment Article §9-202, and therefore, I am exempt from having workers' compensation insurance.

3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission.

(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)

### ALL BLANKS BELOW MUST BE COMPLETED

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
PRINTED NAME of APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
RETAIL FOOD FACILITY  
TYPE OF LICENSE