



**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 OPERATOR NAME: \_\_\_\_\_

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

PHONE #: Food Service Facility: \_\_\_\_\_ PHONE#: Owner/Officer: \_\_\_\_\_

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

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

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

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

- Prepacked, commercially sealed foods (that remain in their original packaging)
- 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 (off premises)

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

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

WATER SUPPLY: \_\_\_\_\_ Public Utility \_\_\_\_\_ Private (Well)  
SEWERAGE: \_\_\_\_\_ Public Utility \_\_\_\_\_ Private (Septic)

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

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

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**OFFICIAL USE ONLY**

DATE ISSUED: \_\_\_\_\_ Fee: \$150 \$250 Received by: \_\_\_\_\_ Lic #: