Allegany County
HEALTH DEPARTMENT
"Healthy People, Healthy Communities"

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Cumberland, MD 21501-1745

301-759-5000 Phone
1-866-909-9629 Toll Free
www.alleganyhealthdept.com

Dear Food Service Facility Owner/Operator:

Are you planning to do any of the following?

A. Construct a new food service facility?
B. Alter or remodel an existing food service facility?
C. Change a building previously used for another purpose into a food service facility?

If so, Maryland health regulations require that you submit layout drawings, along with food and beverage equipment specifications (including exhaust hood plans, if applicable) to us for review. The review will be in writing, and **must be done before construction work begins.**

In your drawings please indicate the dimensions of each room; the location of every piece of equipment; the location(s) of restroom(s); and the materials to be used for floors, walls, and ceilings. Equipment specifications, either on the drawings or in a separate list, must include manufacturer's name and model number. (Cut sheets, if available, considerably speed things up.) Exhaust hood dimensions, duct sizes, and other parameters are listed on the form for that purpose.

The fees for reviewing and processing plans are based upon the total square footage of the food service preparation area(s), as follows:

<250 square feet	**$ 40.00**
250 – 500 square feet	**$ 75.00**
501 – 1000 square feet	**$ 85.00**
1001 – 2500 square feet	**$125.00**
>2501 square feet	**$200.00**

In addition, should you be doing any modification to an existing hood or installing a new hood, **the fee is $25.00 per hood review.**

When your plans are received you will be billed for the appropriate fee, which must be paid before the plans can be reviewed. Please make your check payable to "Allegany County Health Department" and mail it to the address at the top of this letter.

We also need to have you fill in and submit to us the **Workman's Compensation Insurance form** included in this packet. We **cannot** issue a health license to you without your having returned this document to us. (Once your facility has opened for business, this will have to be done on a yearly basis.)

PROCEDURE FOR SUBMITTING PLANS FOR FOOD SERV ICE FACILITIES

1. Obtain a copy of Code of Maryland Regulations ("COMAR") 10.15.03 governing food service facilities, and discuss requirements with an environmental health specialist assigned to food control activities.

2. Verify that the proposed work will confirm to applicable state and local building, plumbing, and zoning requirements.

3. Prior to any construction, alteration or equipment change, submit plans and specifications to include:

   a. Equipment listing – manufacturer's name and model number (see attached form and drawings of fabricated equipment).
   b. Floor plan – should be drawn to scale and illustrate layout and arrangement of all equipment.
   c. Construction materials and finish schedules for floor, wall and ceiling coverings.
   d. Plumbing – indicate each plumbing fixture, illustrate and describe waste drains.
   e. Water supply and sewage disposal – describe proposed method.
   f. Ventilation – if a hood is required, submit detailed drawing specifications and calculations. If charbroilers are planned, installation must be in compliance with applicable regulations governing air quality, as administered by the Maryland Department of the Environment.
   g. Lighting – illustrate. See Section .07B of COMAR 10.15.03. Lights above exposed food or utensils must be shielded to prevent broken glass getting into same.
   h. Trash storage – submit details explaining type of trash storage to be used, room construction, compactor or container, storage location, and frequency of pickups. Describe facilities for cleaning containers and disposal of the waste water.

If you have any questions or need any additional information, please feel free to contact the Food Control Section at 301-759-5046 or 301-759-5048.

Sincerely yours,

Jenelle Mayer, M.P.H.
Health Officer

JM:bsb

Allegany County Health Department

Environmental Health Division

Application for an Annual 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:

Business Name (as it appears on license.): _____
Physical Address: _____
Mailing Address: _____
Facility Phone: _____ Facility Fax/Email: _____
Name of Owner/Corporation/LLC/Inc., etc.: _____
Person in Charge/Position: _____ Phone: (Home/Mobile)_____
Hours of Operation: _____
Former Name: _____
Water Supply: ☐ Public/Municipal ☐ Private Well Sewer: ☐ Public System ☐ Private Septic
***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.)
Facility Type: ☐ Restaurant ☐ Mobile Unit ☐ Carry Out ☐ Bakery ☐ Other _____
Mobile Unit Tag # _____ VIN# _____

Facility fee per year: $300 high-priority / $225 moderate-priority / $150 low-priority

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 compensation 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: License Fee Paid _____ License # _____ Priority _____

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GUIDELINE FOR CONDUCTING A HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP) PLAN REVIEW

The Maryland law and regulations require that certain information be provided to the Health Department when a food service facility is being constructed, whether it is a new facility or one being remodeled. General requirements for the submittal of the equipment listing, finish schedules, etc. have long been established, but regulations enacted during 1991 require certain new information. This guideline is to assist you in providing the information needed by the Health Department to evaluate the proposed foodhandling and preparation procedures to determine potential health risks.

1. Provide a copy of the menu or a written description of the foods which will be prepared and served.

2. Place an "X" next to the type of food service system which most accurately describes the system or systems you will use.

____ Cook Serve

____ Cook Hot hold Serve

____ Cook Chill Reheat Hot hold Serve

____ Cold Hold Serve

____ Commercially packaged food only (except for beverages)

____ Other. Please describe _____

This facility is best described as:

Fast food	_____	Banquet service	_____
Cafeteria	_____	Catering on-site	_____
Table service	_____	Catering off-site	_____
Delicatessen	_____	Hospital/Institution	_____
Tavern	_____	School/college	_____
Grocery	_____	Mobile truck/cart	_____

(PLEASE COMPLETE AND RETURN WITH APPLICATION)

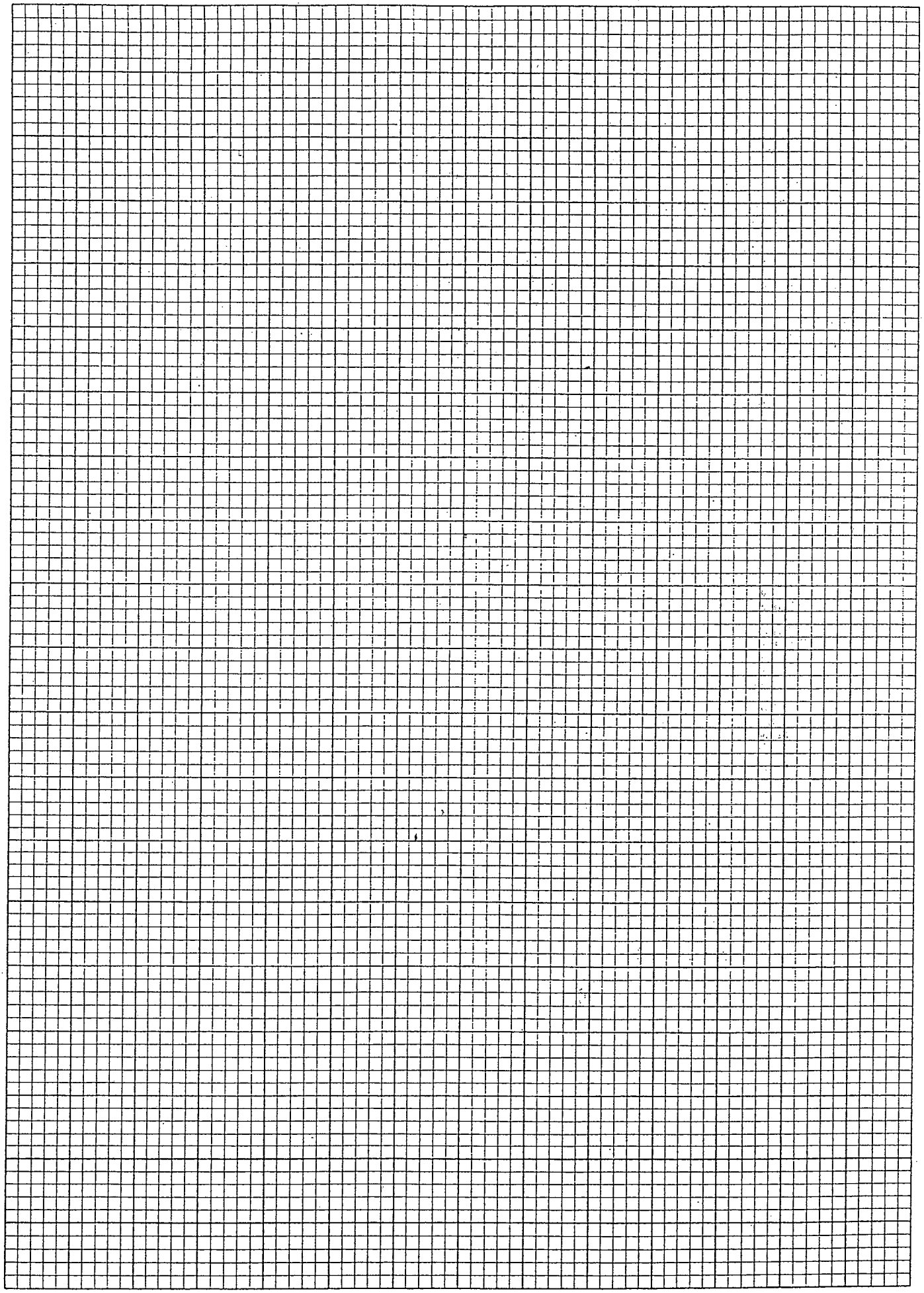
EQUIPMENT LIST

Include each piece of food service equipment by Manufacturer and Model number, if catalogue unit. Give description of construction for custom-built equipment. If drawing to illustrate construction is needed, you will be notified.

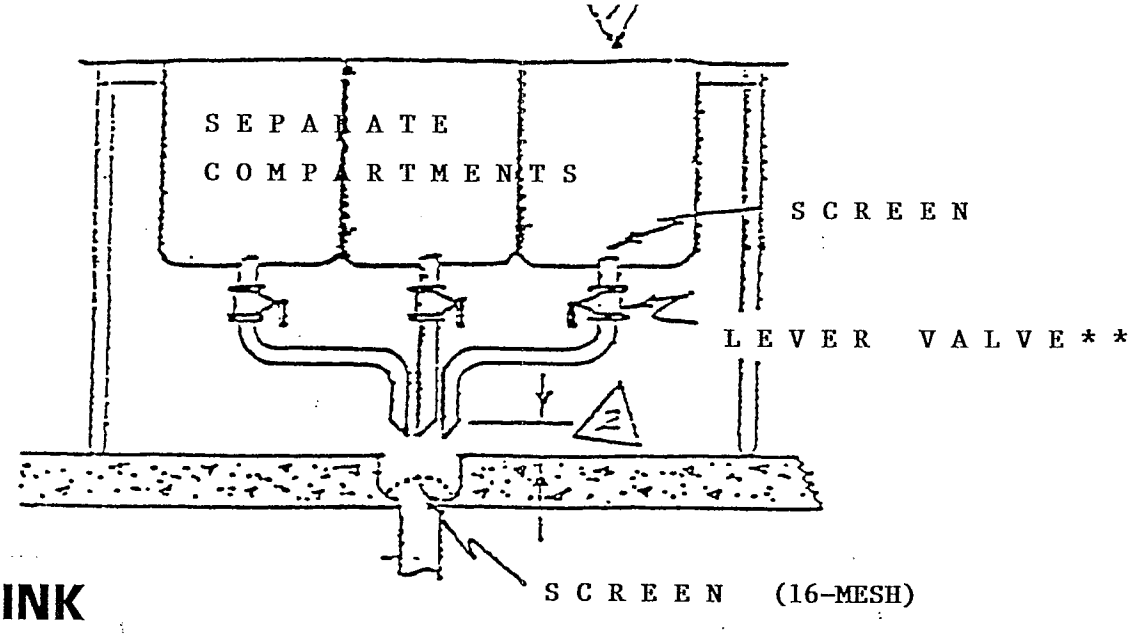
New equipment shall comply with design standards of the Maryland State Department of Health. In general, the design standards of the State Department of Health are the same as the applicable standards of the National Sanitation Foundation, Commercial Refrigeration Manufacturers' Association and Bakery Industry Sanitation Standards Committee. Where these standards are in conflict with State laws, codes or regulations; the State laws, codes or regulations will prevail. As the plan review personnel for illustrations of design standards appropriate to the plans submitted.

ITEM #	MANUFACTURER	MODEL #	(Leave blank) REMARKS

NATIONAL
12-280
Made in U.S.A.

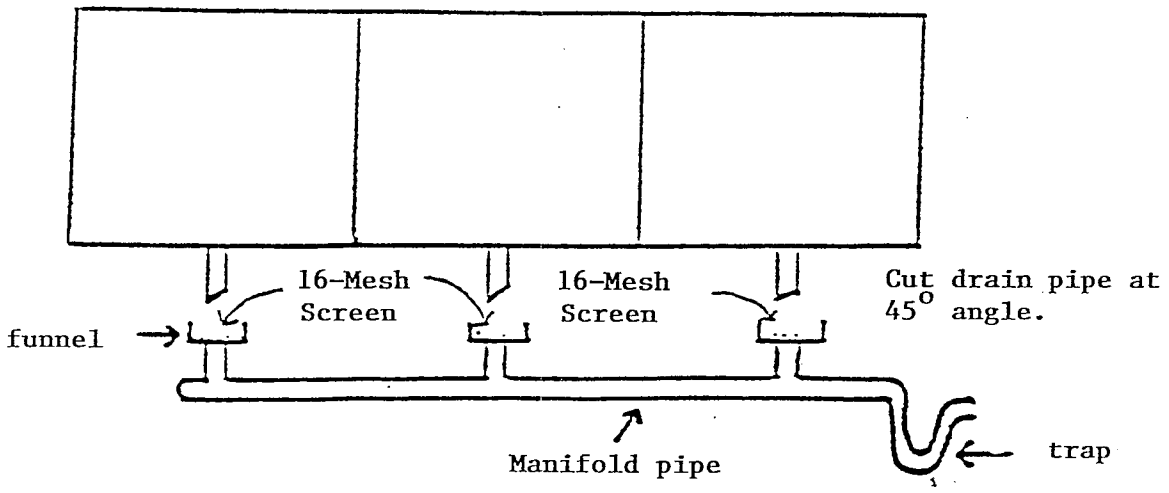


10 Squares to the Inch



SINK

** These lever valves are not required; but are recommended.



Do not insert drain pipes into funnels.

Make sure manifold pipe has a trap somewhere, and is large enough to accommodate the drain water from the vats.

INDIRECT WASTE LINES