### Maryland Department of Health Environmental Health Bureau Permits and Licenses

6 Saint Paul Street, Suite 1301, Baltimore, MD 21202-1608 Phone (410) 767-6757 ■ Fax (410) 333-8931

## **New Frozen Dessert Application**

	Facility I	nformation			
Facility Name:		Requested Permit Type:			
Physical Address:		0 - 25,000 gal capacity 25,001 - 100,000 gal capacity 100,001 - 250,000 gal capacity			
County: Baltimore City		250,001 - 500,000 gal capacity Over 500,000 gal capacity			
Contact Name:		_ Over 300	,000 gai capacity		
Phone 1:	Phone 2:	*Please provide your facility.	e a copy of the mo	st recent sanitation inspection for	
Fax:		Water Source:	Public	Private	
Email:		Sewage Disposa	al: Public	Septic	
	Owner or Business O	ganization Inf	ormation		
Company Name:		FEIN:			
Legal Address:		Check all items	Check all items that apply:		
		Ice Cream/	/Frozen Custard	Frozen Yogurt	
		Sherbet		Manufactured Desserts Mix	
		Water Ices		Other:	
Contact Name:		Email:			
Phone 1:	Phone 2:	Fax:			
Mail Official Correspondence To					
Mail Official Cor	respondence To	P	ayment (returi	n with application)	
ATTN (Person):	vner/Business address above	License Fees:	0 - 25,000 gal cap 25,001 - 100,000 100,001 - 250,000 250,001 - 500,000	pacity - <b>\$10</b> gal capacity - <b>\$50</b> 0 gal capacity - <b>\$100</b> 0 gal capacity - <b>\$150</b>	
ATTN (Person):	·		0 - 25,000 gal cap 25,001 - 100,000 100,001 - 250,000	pacity - <b>\$10</b> gal capacity - <b>\$50</b> 0 gal capacity - <b>\$100</b> 0 gal capacity - <b>\$150</b>	
ATTN (Person):  Facility address above Ov	·	Amount Paid:  Note: Only che	0 - 25,000 gal cap 25,001 - 100,000 100,001 - 250,000 250,001 - 500,000	pacity - \$10 gal capacity - \$50 gal capacity - \$100 gal capacity - \$150 capacity - \$200 Check Number:	
ATTN (Person):  Facility address above Ow Other Mail Address:  Copy of most recent State Health The following information is requ Workers Compensation Act. I am Enclosing a Certificat Self-insured - Maryla Self-employed or on	Department or Local Health Department or Local Health Department of Local Health General (check one): The of Insurance and Workers Compensation Comply employ family members ng insurance information: Insurance Insuran	Amount Paid:  Note: Only che Date Received:  Partment inspecti I Code Annotated  mission Certificat	0 - 25,000 gal cap 25,001 - 100,000 100,001 - 250,000 250,001 - 500,000 Over 500,000 gal cks or money orde on required. I Code § 1-202 wi	pacity - \$10 gal capacity - \$50 0 gal capacity - \$100 0 gal capacity - \$150 capacity - \$200 Check Number: ers are accepted. Received by: ith regard to the Maryland enclosed	
ATTN (Person):  Facility address above Ow Other Mail Address:  Copy of most recent State Health The following information is requ Workers Compensation Act. I am Enclosing a Certificat Self-insured - Maryla Self-employed or on Providing the followi	Department or Local Health Depired by Maryland Health Genera (check one): te of Insurance and Workers Compensation Comply employ family members ng insurance information:  Insurance Po	Amount Paid:  Note: Only che Date Received:  Partment inspecti I Code Annotated  mission Certificat	0 - 25,000 gal cap 25,001 - 100,000 100,001 - 250,000 250,001 - 500,000 Over 500,000 gal  cks or money orde  on required. I Code § 1-202 will  e of Compliance	pacity - \$10 gal capacity - \$50 0 gal capacity - \$100 0 gal capacity - \$150 capacity - \$200 Check Number: ers are accepted. Received by: ith regard to the Maryland enclosed	
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# **MEMORANDUM**

**TO:** Permit Applicants

FROM: Center for Milk and Dairy Product Safety

**DATE:** January 4, 2019

**RE:** Required documentation for permit application processing

## The following DOCUMENTATION is REQUIRED FOR APPLICATION PROCESSING –

Applications will not be processed without this documentation:

### All Distribution and Frozen Dessert Applicants:

- Out of State applicants are required to submit a copy of their current state or local health department operating permit;
- In State applicants are required to submit a copy of their most recent state health department inspection report;
- All applicants are required to submit a current list of products manufactured or distributed by their facility;
- All applicants are required to submit workers compensation insurance verification, as stated on the application.

#### Milk Processor Permit Applicants:

- Grade "A" applicants (in and out of State) are required to submit the date of their most recent IMS rating;
- Grade "M" Out of State applicants are required to submit a copy of their most recent state / local health department inspection;
- All applicants are required to submit workers compensation insurance verification, as stated on the application;
- All applicants are required to submit a current list of products manufactured in your facility (please see application for examples).

#### **Bulk Milk Hauler and CIDFI Applicants:**

- Out of State applicants, please provide a copy of your most recent field evaluation, for application approval;
- In State applicants, please provide the date of your most recent field evaluation (unless it
  was performed out of State, in which case, please provide a copy to accompany your
  application).

Please contact Permits and Licensing with any questions at (410) 767-6757.