

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

Bobtailer's Permit Application

Name of Person or Facility Information		
Name:		
Physical Address:		
Phone 1:		Phone 2:
Fax:		
Email:		SSN:

Owner or Business Organization Information		
Company Name:	FEIN:	
Legal Address:		
Contact Name:	Email:	
Phone 1:	Phone 2:	Fax:

Mail Official Correspondence To	Payment (return with application)
ATTN (Person):	License Fees: \$50
Facility address above Owner/Business address above	Amount Paid: Check Number:
Other Mail Address:	Note: Only checks or money orders are accepted.
	Date Received: Received by:

The following information is required by Maryland Health General Code Annotated Code § 1-202 with regard to the Maryland Workers Compensation Act. I am (check one):

****Must enclose Certificate of Insurance or Verification of Insurance unless self-employed or only employ family members.***

Enclosing a Certificate of Insurance

Self-insured - Maryland Workers Compensation Commission Certificate of Compliance enclosed

Self-employed or only employ family members

Signature: _____ Title: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

CMDPS Approval: _____ Date: _____



MARYLAND
Department of Health

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.