

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
 Out of State**

Facility Information	
Facility Name:	Requested Permit Type: 0 - 25,000 gal capacity 25,001 - 100,000 gal capacity 100,001 - 250,000 gal capacity 250,001 - 500,000 gal capacity Over 500,000 gal capacity *Please provide a copy of the most recent sanitation inspection for your facility.
Physical Address:	
County: Baltimore City	
Contact Name:	
Phone 1: Phone 2:	
Fax:	Water Source: Public Private Municipal
Email:	Sewage Disposal: Public Septic

Owner or Business Organization Information	
Company Name:	FEIN:
Legal Address:	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	Payment (return with application)
ATTN (Person):	License Fees: 0 - 25,000 gal capacity - \$10 25,001 - 100,000 gal capacity - \$50 100,001 - 250,000 gal capacity - \$100 250,001 - 500,000 gal capacity - \$150 Over 500,000 gal capacity - \$200
Facility address above Owner/Business address above	
Other Mail Address:	Amount Paid: Check Number: Note: Only checks or money orders are accepted. Date Received: Received by:

Copy of most recent State Health Department or Local Health Department inspection required.

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):

- Enclosing a Certificate of Insurance
- Self-insured - Maryland Workers Compensation Commission Certificate of Compliance enclosed
- Self-employed or only employ family members

Providing the following insurance information: Insurance Company _____
 Policy/Binder Number _____

Signature: _____ Title: _____ Date: _____

CMDPS Approval: _____ Date: _____



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

MEMORANDUM

TO: Permit Applicants

FROM: Center for Milk and Dairy Product Safety

DATE: July 1, 2017

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.