



## Queen Anne's County Environmental Health

206 N. Commerce St, Centreville, MD 21617  
Phone: (410) 758-2281 Fax: (410) 758-6602

### **APPLICATION FOR ANNUAL PERMIT TO OPERATE A MOBILE FOOD SERVICE FACILITY**

Mobile Unit Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Owner's E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vehicle Storage Address: \_\_\_\_\_

Depot/Commissary Location: \_\_\_\_\_

Type of Mobile Unit: ☐ Motor Vehicle ☐ Trailer ☐ Push Cart Color: \_\_\_\_\_

License Number/State: \_\_\_\_\_ Vin Number: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

**Check Applicable:**

Water Supply: ☐ Public ☐ Private/Treated ☐ Private/Untreated

Holding Tank Waste Water Disposal Location: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ Title: \_\_\_\_\_

ANNUAL FEE: \$\_\_\_\_\_ Annual fees must accompany each application. Make checks payable to: *Queen Anne's County Department of Health.*

**OFFICE USE ONLY:**

Date Fee Received: \_\_\_\_\_

QA license # \_\_\_\_\_

Amount Received: \_\_\_\_\_

date permit issued: \_\_\_\_\_



## Queen Anne's County Department of Health Environmental Health

### Food Service Fees

**Effective October 1<sup>st</sup>, 2008, the fee schedule is as follows:**

- |                                   |            |
|-----------------------------------|------------|
| 1. Temporary Permit Fee           | - \$15.00  |
| 2. Low priority, annual           | - \$100.00 |
| 3. Moderate priority, annual      | - \$200.00 |
| 4. High priority                  | - \$250.00 |
| 5. Non-profit organizations       | - \$ 0.00  |
| 6. Plan review fee                | - \$ 0.00  |
| 7. Remodel and re-inspection fees | - \$ 0.00  |

#### **Fee categories:**

**1. Temporary Permit: \$15.00**

Includes any food vendor operating from a fixed location for a temporary period of 14 consecutive days or less. Example QA Co. fair vendors.

**2. Low Priority, Annual: \$100.00**

Includes serving/selling of commercially packaged potentially hazardous foods and non-potentially hazardous food that is cut, assembled, or packaged on the premises, such as candy, popcorn, and baked goods; or hand dipped ice-cream. (Examples: Dollar General, Family Dollar, Rite Aid)

**3. Moderate Priority, Annual: \$200.00**

Includes serving/selling of potentially hazardous foods that is prepared using methods that require the food to pass through the temperature range of 41°F - 135°F not more than one time before service, such as cooking, hot holding, and then serving; or potentially hazardous food that is cut, assembled, or packaged on the premises, such as meats. (Examples: Grocery stores, most fast-food chain facilities)

**4. High Priority, Annual: \$250.00**

Includes facilities such as health care facilities or facilities that serve/sell potentially hazardous food that is prepared a day or more in advance of service; or facility uses food preparation methods that require the food to pass through the temperature range of 41°F - 135°F two or more times before service, such as cooking, cooling, and then reheating. (Examples: Nursing homes, full service restaurants, certain fast food facilities)

**5. NO FEE:**

- Facilities also license as a wholesaler by the State Division of Food Control.
- Bona fide non-profit organizations (church, fire hall, legions, etc.)
- Plan reviews for new or remodeled facilities.
- Assisted living facilities with 17 beds or less.

State of Maryland  
Department of Health

Larry Hogan, Governor

Robert R. Neall, Secretary

Office of Food Protection and Consumer Health Services

Alan L. Taylor, Director

**Statement of Compliance with Worker's Compensation Act**

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must file a certificate of compliance listing a worker's compensation insurance policy or binder number. Every employer who has employees anywhere in the United States, any United States Territory or United States possession, even if there are no employees in Maryland, must provide this information. This statement of compliance is based on the worker's compensation law applicable in the state in which the licensee is based.

**1. I have workers' compensation insurance:**

Insurance company name: \_\_\_\_\_

Policy or Binder number: \_\_\_\_\_

**2. A waiver has been received from the Worker's Compensation Commission.** (Attach copy of waiver)

**3. As provided, I am exempt from having worker's compensation insurance.**

(Attach copy of Certificate of Compliance)

**4. I am self-insured.** Approval of self-insurance has been received from Worker's Compensation Commission.

(Attach a copy of the Certification of Compliance)

**5. I am self-employed. I have no employees.**

Circle the number of the option above which applies to you, provide the requested information, sign and date the form below and return it with the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Address

Food Service Permit

\_\_\_\_\_  
Type of License

---

**FOR OFFICE USE ONLY**

New permit/license \_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_ Hold \_\_\_\_

Reason \_\_\_\_\_

By \_\_\_\_\_ Date: \_\_\_\_\_

6 St. Paul St, Suite 1301 – Baltimore, Maryland 21202 – (410) 767-8440  
FAX (410) 333-8931 TDD for Disabled, Maryland Relay Service 1-800-735-2258

## **Emergency Contact Information**

Please complete the information below. Return the completed form along with your food service application to Queen Anne's County Department of Health, Environmental Health.

<b>Facility Name:</b> _____	<b>Facility Phone #:</b> _____
<b>Facility Fax #:</b> _____	<b>Facility Email:</b> _____
<b>Owner's Name:</b> _____	<b>Owner's Email:</b> _____
<b>Physical Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip code:</b> _____
<b>Mailing Address:</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip code:</b> _____

<b>Contact Person 1:</b> _____	<b>Title:</b> _____
<b>Phone #:</b> _____	<b>Cell #:</b> _____
<b>Contact Person 2:</b> _____	<b>Title:</b> _____
<b>Phone #:</b> _____	<b>Cell #:</b> _____

	Vendor/Supplier Name	Phone Number	Fax Number	Contact Person
1				
2				
3				
4				
5				



Queen Anne's County  
Department of Environmental Health  
206 N. Commerce St  
Centreville, MD 21617  
Phone: 410-758-2281 Fax: 410-758-6602

### Base of Operations Agreement

#### Instructions

This form should be completed and signed by the Base of Operation owner/operator. New Mobile unit owners should submit this form, a Mobile Unit Application and a Mobile Food Plan Review Packet.

Mobile Unit Name: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Base of Operation Information

Base of Operation Name: \_\_\_\_\_

Base of Operation Owner/Manager Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Days/Hours of Accessibility: \_\_\_\_\_

Water Supply: ☐ Public ☐ Private Sewage Disposal: ☐ Public ☐ Private

The following services are provided for the mobile unit as required by the Queen Anne's County Environmental Program.

#### Base of Operation Services

Services that will be provided (select ALL that apply):

☐ Approved potable water source

☐ Food preparation area

☐ Waste water disposal

☐ Food storage area (designated)

☐ Grease disposal

☐ Utensil washing (3 part sink)

☐ Refrigeration

☐ Equipment storage area

☐ Storage of vehicle/trailer/cart

#### Certification

As owner/operator of the base of operations, as listed above, I give permission for the described mobile unit to use my establishment and selected services.

\_\_\_\_\_  
Owner/Manager Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date