



# MOBILE FOOD SERVICE FACILITY APPLICATION

Queen Anne's County Environmental Health  
206 N Commerce Street  
Centreville, MD 21617  
Phone: 410-758-2281 // Fax: 410-758-6602  
E-mail: qac.env@maryland.gov

**Mobile food service facility:** A food service facility that is a mechanically, electrically, manually or otherwise propelled vehicle operating on land or water that moves as part of its routine operation to: (1) Change location for sales; (2) Obtain food and other supplies; (3) Fill potable water supply holding tanks; (4) Empty wastewater holding tanks; or (5) Provide for the cleaning and sanitization of equipment and utensils.

### Instructions

- To apply, you must fill out this application/base of operations form and, if a new applicant, the Mobile Unit Plan Review Packet.
- A licensed base of operations is required to operate a mobile food service facility. (Form attached)
- Fee is determined based on the priority assessment of the facility: High = \$250/yr Moderate = \$200/yr Low = \$100/yr
- Licenses are not transferrable from one person to another or from one food service facility to another.

### Type of Mobile Unit Application (check one)

Motor Vehicle       Trailer       Push Cart

### Owner Information

Sole Proprietor     Corporation     Partnership     Other \_\_\_\_\_

### Mobile Unit Information

Mobile Unit Name: \_\_\_\_\_ Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Operation:  Yr round     Seasonal

### Certificate of Compliance Workers' Compensation Insurance

Maryland Health-General Annotated Code, §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: (1) a certificate of compliance with the Maryland Workers' Compensation Act; (2) 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. I have Workers' Comp Insurance: Insurance Name: \_\_\_\_\_ Insurance Policy No.: \_\_\_\_\_
2. A waiver has been received from the MD Workers' Compensation Commission. (Attached Copy of Waiver)
3. As provided, I am exempt from having Workers' 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: \_\_\_\_\_

### ENVIRONMENTAL HEALTH OFFICE ONLY

License Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_

License #: \_\_\_\_\_ Env. Specialist: \_\_\_\_\_



# MOBILE UNIT BASE OF OPERATION AGREEMENT

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**Base of operations:** A licensed food service facility that is used by the owner or operator of a mobile food service facility for food storage, potable water, safe disposal of waste and sewage, and, if necessary, utensil washing.

### Instructions

- **Base of Operation Owner/Operator:** Complete this form, verifying base of operation information, services mobile unit operator has permission to utilize and provide your signature.
- **Mobile Unit Owner/Operator:** Submit this form with the Mobile Food Service Facility Application

### Mobile Unit Information

Mobile Unit Name: \_\_\_\_\_ Owner: \_\_\_\_\_  
 Length of Agreement w/Base of Operations:  Monthly  6 Months  1 Year  N/A (I am the owner)  Other \_\_\_\_\_

### Base of Operation Information

Base of Operation Name: \_\_\_\_\_  
 Base of Operation Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Days/Hours of Accessibility: \_\_\_\_\_  
 Expiration of Current (Health Dept Issued) License: \_\_\_\_\_  
Water Supply:  Public  Private      Sewer/Septic:  Public  Private      Grease Trap:  Yes  No

### Base of Operation Services

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

<input type="checkbox"/> Approved potable water supply	<input type="checkbox"/> Food preparation area
<input type="checkbox"/> Wastewater/refuse disposal	<input type="checkbox"/> Food storage area (designated)
<input type="checkbox"/> Grease disposal	<input type="checkbox"/> Utensil washing (3 part sink)
<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Equipment storage area
<input type="checkbox"/> Storage of vehicle/trailer/cart	<input type="checkbox"/> Cleaning area for mobile unit

**Note:** If the Base of Operation's license is issued by an agency other than the Queen Anne's County Health Department, a copy of the license to operate must be submitted with the Base of Operation Agreement.

### Base of Operation Owner/Operator Certification

I give the mobile unit, as listed above, permission to use my licensed establishment.  
 Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

As the owner of the mobile food service facility, I agree to use this base of operations as outlined above. If I do not use this facility as my base of operations, my Queen Anne's County Dept of Health food service license may be revoked, and I must stop operating until I obtain another base of operations and provide a new agreement to the Queen Anne's County Department of Health.

Signature of Mobile Unit Owner: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_