



# 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

### Instructions

- An application must be submitted in order to obtain a food service facility license under the provisions of Health-General Article, §21-306, Annotated Code of Maryland and in accordance with COMAR 10.15.03.
  - Fee is determined based on the priority assessment of the facility: High = \$250/yr Moderate = \$200/yr Low = \$100/yr
  - Submit payment via check or credit card (Visa/MC). Make checks payable to Queen Anne's County Dept of Health.
  - Incomplete application will not be processed and will be returned to the applicant.
  - Once issued, licenses must be conspicuously displayed in the food service facility.
- (\*Note: Licenses are not transferrable from one person to another or from one food service facility to another.)

### Facility Information

Facility Name: \_\_\_\_\_ Facility Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Water Supply:  Public  Private/Treated     Sewer:  Public  Private/Septic     Grease Trap:  Yes /size? \_\_\_\_\_  No

Indoor Seating:  Yes /# of seats? \_\_  No     Outdoor Seating:  Yes/# of seats?\_\_  No     Operation:  Yr round  Seasonal

### Owner Information

Sole Proprietor      Corporation      Partnership      Other

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

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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' Compensation 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: \_\_\_\_\_