



# 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 Numbers: \_\_\_\_\_

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: \_\_\_\_\_

State of Maryland  
Department of Health

Wes Moore, Governor

Laura Herrera Scott, Secretary

Office of Food Protection and Consumer Health Services  
Patricia Vauls, 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

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**FOR OFFICE USE ONLY**

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

Reason \_\_\_\_\_

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



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

### Base of Operations Agreement

#### Instructions

This form should be completed and signed by the Base of Operation owner/operator. 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/Operator 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):

- |  |   |
|--|---|
| <input type="checkbox"/> Approved potable water source   | <input type="checkbox"/> Food preparation area          |
| <input type="checkbox"/> Waste water 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 |   |

#### 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/Operator Signature

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

\_\_\_\_\_  
Date