



**MOBILE FOOD SERVICE  
FACILITY APPLICATION  
FOR RECIPROCITY**

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**

The following documentation must be provided with this application:

- Copy of Food Service Facility license issued from 'County of Origin'\*
  - County of Origin Base of Operation Agreement
  - Copy of menu and approved HACCP plan
  - Photos of mobile unit (interior and exterior)
  - Annual License Fee: \$250 = High Priority // \$200 = Moderate Priority // \$100 = Low Priority
- (\*Note: A current 'County of Origin' Food Service License is required for a mobile unit to qualify for a Reciprocity license)

**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: _____	