



# 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 FOOD SERVICE FACILITY

Facility Name: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

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

Days/Hours of Operation: \_\_\_\_\_

### Check Applicable:

Seating:  Yes  No If yes, number of seats: \_\_\_\_\_

Water Supply:  Public  Private/Treated  Private/Untreated

Sewer:  Public  Private (Septic System)

Grease Trap:  Yes  No If yes, size (in gallons): \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ TITLE: \_\_\_\_\_

ANNUAL FEE: \$ 0.00 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 Vaults, 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: \_\_\_\_\_

## 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				