



Queen Anne's County Environmental Health

206 N. Commerce St, Centreville, MD 21617
Phone: (410) 758-2281 Fax: (410) 758-6602

APPLICATION FOR MOBILE RECIPROcity LICENSE

Application is hereby made to operate a food service facility in accordance with the provisions of Health-General Article, §21-306, Annotate Code of Maryland; Code of Maryland Regulations (COMAR) 10.15.03; and all applicable State and Local laws and regulations.

The following documentation must be provided with this application:

- Copy of Food Service Facility license issued from "County of Origin"*
- Commissary (Base of Operations) Agreement/Authorization and License
- Copy of Menu and Approved HACCP plan
- Photos of Mobile Unit (Interior & Exterior)
- Workman's Compensation Insurance Form & Emergency Contact Form
- Annual License Fee (\$250 = High Priority/ \$200 = Moderate Priority/ \$100 = Low Priority)

***Note:** "County of Origin" Food Service License is required for a Mobile Unit to qualify for a Mobile Reciprocity License.

Business/Trade Name: _____

Mailing Address: _____

Facility Phone: _____ E-mail: _____

Owner's Name: _____ Owner's Phone: _____

Owner's Home Address: _____

Address Where Unit Will Operate: _____

Hours of Operation: _____

Vehicle License Plate #: _____ Vin #: _____

Water Supply: Public/Municipal Private Well

Note: A private water supply (well) must be tested and approved per COMAR 10.15.03.18A.

Holding Tank Waste Water Disposal Location: _____

SIGNATURE OF APPLICANT: _____ Position/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

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.

Facility Name: _____	Facility Phone #: _____
Tag number of Mobile Trailer or Mobile Truck: _____	
Facility Fax #: _____	Facility Email: _____
Owner's Name: _____	Owner's Email: _____
Physical Address: _____	
City: _____	State: _____
Zip code: _____	
Mailing Address: _____	
City: _____	State: _____
Zip code: _____	

Contact Person 1: _____	Title: _____
Phone #: _____	Cell #: _____
Contact Person 2: _____	Title: _____
Phone #: _____	Cell #: _____

	Vendor/Supplier Name	Phone Number	Fax Number	Contact Person
1				
2				
3				
4				



Queen Anne's County
Department of Environmental Health 206 N.
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Centreville, MD 21617
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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