

Date Paid:	_____
Amount Pd:	_____
Pd by:	_____

CALVERT COUNTY HEALTH DEPARTMENT
Division of Environmental Health
P.O. Box 980
Prince Frederick, MD 20678
410-535-3922/301-855-1557
Fax# 410-535-5252
www.calverthealth.org

FARMERS MARKET SAMPLING APPLICATION

Application is hereby made to operate a food establishment in accordance with the Annotated Code of Maryland-Health General Article Governing Food Establishments. A License Fee for a Seasonal Operation (6 months or less operation) is \$70; an Annual Operation (more than 6 months operation) is \$140.00. All fees must accompany this application. Please make all checks payable to the Calvert County Health Department.

PLEASE PRINT OR TYPE

I. Name of Facility: _____

Facility Physical Address: _____

Mailing Address: _____

Facility Phone# _____ **Owners Phone#** _____

Fax # _____ **E-mail Address:** _____

Contact Person: _____

Owner of Business: _____
(Please Print)

Owners Signature: _____

II. Check Type of Establishment: (Check all that apply)

Restaurant	Mobile Unit	*****Other
School	Hospital	_____
Caterer	Grocery	(Please Describe)
Nursing Home	Temporary	

Water Supply: Public ***Private ******* **Sewerage: Public *****Private**

OFFICIAL USE ONLY: License Number: _____ **Approved By:** _____

III. Farmers Market Name(s): _____

Location(s): _____

Date(s) and Time(s): _____

Menu: _____

Location of Food Preparation: _____

IV. Maryland State Certifications:

Mobile Meat Vendor License # _____

MDA Certification #: _____

Onfarm Storage License #: _____

Onfarm Processing License #: _____

V. Source of Food: _____

(Name of Supplier, Grocery, Restaurant or Commercial Distributor)

Type of Food Service System: (Check all that apply)

""""""Cook, Serve

""""""Cook, Hot Hold, Serve

""""

""""""Cold, Hold, Serve

""""""Commercially Packaged Food Only

""""""Other: _____