

**CALVERT COUNTY HEALTH DEPARTMENT**  
**Environmental Health Division**  
**P.O. Box 980**  
**Prince Frederick, MD 20678**  
**410-535-3922/301-855-1557**

**APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT**

**Application is hereby made to operate a food establishment in accordance with the Annotated Code of Maryland-Health General Article Governing Food Establishments. A Permit Fee and application is required for all Permanent Food Establishments. The fee for High Priority is \$300 Moderate Priority is \$200, and Low Priority is \$120. Please make all checks payable to the Calvert County Health Department.**

**PLEASE PRINT OR TYPE**

**I. Type of Application: NEW \_\_\_\_\_ CHANGE OF OWNERSHIP \_\_\_\_\_ RENEWAL \_\_\_\_\_**

**Name of Facility: \_\_\_\_\_**

**Facility Physical Address: \_\_\_\_\_**

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

**Facility Phone# \_\_\_\_\_ Owners Phone# \_\_\_\_\_**

**Contact Person: \_\_\_\_\_**

**Owner of Business: \_\_\_\_\_**

**Owners Signature: \_\_\_\_\_**

**Former Name of Business if Applicable: \_\_\_\_\_**

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**II. Check Applicable Operation Proposed: Permanent \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_**

**Normal Days/Hours for Business Operation: \_\_\_\_\_**

(Specify Months if Seasonal)

**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 \_\_\_\_\_**

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**OFFICIAL USE ONLY: License Number: \_\_\_\_\_ License Issued: \_\_\_\_\_**

**Date HACCP Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_**

**Priority: High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_**

III. **Special Event (Name):** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date(s) and Time(s):** \_\_\_\_\_

**Menu:** \_\_\_\_\_

**Location of Food Preparation:** \_\_\_\_\_

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IV. **Mobile Unit: Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Color** \_\_\_\_\_ **Year** \_\_\_\_\_

**License Number:** \_\_\_\_\_ **Serial Number:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

(Name, Address, Phone Number)

**Special Markings:** \_\_\_\_\_

(Names, Numbers Etc.)

**Food to be Sold:** \_\_\_\_\_

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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**

\_\_\_\_\_ **Cook, Chill, Reheat, Hold, Serve**

\_\_\_\_\_ **Cold, Hold, Serve**

\_\_\_\_\_ **Commercially Packaged Food Only**

\_\_\_\_\_ **Other:** \_\_\_\_\_