

Amount Due:	_____
Date Paid:	_____
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

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 for Permanent Food Establishments for High Priority is \$300, Moderate Priority is \$200, Low Priority is \$120 and Seasonal Food Establishments is \$120. These fees must accompany those applications. 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#** _____

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

Contact Person: _____

Owner of Business: _____
(Please Print)

Owners Signature: _____

Former Name of Business if Applicable: _____

II. Check Applicable Operation Proposed: Permanent _____ Seasonal _____
(only operating 4 months out of the year)

Normal Days/Hours for Business Operation: _____
(Specify Starting Mo/Day & Ending Mo/Day if Seasonal)

Check Type of Establishment: (Check all that apply)

Restaurant _____	Mobile Unit _____	School _____
Hospital _____	Caterer _____	Grocery _____
Nursing Home _____	Other _____	

(Please Describe)

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

OFFICIAL USE ONLY: License Number: _____ **License Issued:** _____

Date HACCP Approved: _____ **Approved By:** _____

Priority: High _____ Moderate _____ Low _____

III. Mobile Unit: Make _____ Model _____ Color _____ Year _____

Tag Number: _____ Serial Number: _____

Owner: _____

(Name, Address, Phone Number)

Special Markings: _____

(Names, Numbers Etc.)

Food to be Sold: _____

IV. 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: _____