

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](http://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 a Temporary Food Establishment is \$50 that 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:** \_\_\_\_\_

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

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**OFFICIAL USE ONLY: License Number:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_

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