



Calvert County Health Department
Environmental Health Services, 150 Main Street, Prince Frederick, MD 20678

Application for a Mobile Reciprocity License

Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulations (COMAR) 10.15.03 and all applicable State and Local laws and regulations.

Note: A "County of Origin" Food Service Facility License is required in order for a Mobile Unit to qualify for a Mobile Reciprocity License.

The following documentation must be provided with this application:

- Maryland "County of Origin" issued Food Service Facility License.
- Commissary Food Service Facility License & Authorization for Use documentation.
- Menu & Approved HACCP Plan.
- Copy of Vehicle Registration & Photo of Mobile Unit (showing entire exterior of vehicle).
- \$300 license fee payable to *Calvert County Health Department*.

DBA/Trade Name _____

Business Name (*INC or LLC*) _____

Mailing Address _____

Business Phone _____ Business Fax/Email _____

Person In Charge (*Owner*) _____
(*Individual*)

PIC Phone _____ PIC Email _____

Vehicle License Plate Tag # _____ Vehicle VIN # _____

Water Supply: Public/Municipal Private/Well **Sewerage:** Public System Private Septic

Business Operation: Permanent/Year-round Seasonal/Temporary (operating dates) _____

Verification of compliance with the Maryland Workers' Compensation Act is required before a license or permit may be issued, in accordance with Maryland Health-General Code Annotated Section §1-202. CHECK ONE:

- () 1. Worker's Compensation Insurance Provided Ins. Company _____
Policy/Binder # _____
- () 2. I am self-employed per Md. Labor and Employment Code Ann §9-227.
- () 3. Election of exemption per Md. Labor and Employment Code Ann §9-206. (**Attach Copy of WCC Exclusion Form IC-16**)
- () 4. I am self-insured per Md. Labor and Employment Code Ann §9-405. (**Attach Copy of WCC Approval §9-403**)
- () 5. A waiver has been received from the MD Worker's Compensation Commission. (**Attach Copy of the Waiver**)

I have examined and read the above application and attached requirements and I agree to comply with all applicable laws, regulations, and requirements including, but not limited to, the State of Maryland and Calvert County in operating a food service facility. I understand that falsification of this application may result in the denial, suspension or revocation of the license.

Applicant Signature _____ Date _____ Position _____

OFFICE USE ONLY

Approved By: _____ Date: _____ Fee Paid: _____ Receipt #: _____