



Calvert County Health Department
Environmental Health Services, 205 Duke 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 for Mobile Unit.
- Commissary Facility Food License
- Commissary Agreement (signed and dated by both parties)
- Menu & Approved HACCP Plan.
- Copy of Vehicle Registration & Photos of Mobile Unit (showing entire exterior of vehicle).
- \$300 license fee payable to *Calvert County Health Department*.

***Unit owner must contact the Calvert County Government to obtain any necessary permits for operating in Calvert County. This would include the Calvert County Clerk's office to apply for and receive a peddler's license to vend within the county limits. The Clerk's office can be reached at 410-535-1600 ext. 2267.**

DBA/Trade Name _____

Business Name (*INC or LLC*) _____

Mailing Address _____

Business Phone _____ Business Fax/Email _____

Person In Charge (*Owner*) _____

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 #: _____