



## CALVERT COUNTY MOBILE FOOD PLAN REVIEW APPLICATION PACKET

Maryland Health-General Code Annotated, §21-321 and Annotated Code of Maryland (COMAR) 10.15.03.33, requires that properly prepared plans be submitted and approved, before a person constructs a food establishment, remodels or alters a food establishment, or converts or remodels an existing building for use as a food establishment. A plan review is required to:

- Ensure food establishments are built or renovated according to current rules and regulations;
- Enhance food safety and sanitation by promoting efficient layout and flow of food based on the menu and food preparation processes; and
- Help prevent code violations by addressing potential layout and design issues prior to construction.

This Mobile Food Establishment Plan Review Application Packet is intended to help you through the plan review process and to ensure that your mobile unit or pushcart meets the requirements of COMAR 10.15.03.25 Special Food Service Facilities. This document should be completed as part of the plan review process and subsequent food service permit issuance. The plan review helps to avoid future problems. By listing and locating equipment on floor plans and diagramming specifications for electrical, mechanical and plumbing systems, potential problems can be spotted while still on paper and modifications made **BEFORE** costly purchases, installation and construction.

This packet consists of the following information:

- Mobile Food Establishment Plan Review Worksheet
- Commissary or Base of Operations Authorization Form

Please complete the attached documents and submit with the required plan review application and fees to the Calvert County Health Department. Approval from the Local Health Department (LHD) must be obtained prior to construction or purchasing a unit.

The following must to be submitted at a **minimum** of ninety (90) days prior to operation with your completed application and fees to expedite review and approval or your permit request;

1. Full menu—*Note: the available equipment may dictate restrictions on the type of food prepared.*
2. HACCP Plan detailing food procedures;
3. Complete floor plans of the unit drawn to scale, including placement of all equipment;
4. List of all equipment necessary for the operation of the unit i.e. Cut sheets, manufacturer's specifications or photos of the unit and all equipment. *Note: All equipment must meet the requirements of COMAR 10.15.03.15;*
5. Provide plumbing specification of all equipment including ware washing sinks;

6. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings, lighting, and countertops (as applicable);
7. Information relating to your base of operation, including approximate dates of use;
8. Dates of operation and location (i.e. where you will be operating the unit);
9. Letter of agreement for proposed Commissary or Base of Operation that is signed by owner of facility (see attached Commissary or Base of Operations Authorization Form). Potable (drinking) water and wastewater disposal is required for all mobile food establishments unless your unit is serving only prepackaged foods and bottled/canned drinks. **Note: The LHD will evaluate the proposed fill and dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your pushcart or mobile unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater;** and
10. Copy of Vehicle Registration.

Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities, and the Motor Vehicle Administration registration/license as applicable.

**Note: If the mobile unit is vending only prepackaged non-potentially hazardous foods, a permit is not required unless specified by local code; however, an application with description of proposed operation is needed. If vending potentially hazardous foods, an application and permit is required. If you have questions about whether prepackaged foods proposed are potentially hazardous or not, please contact Jessica Williams.**

Amount Due: \$ \_\_\_\_\_  
Date Paid: \_\_\_\_\_  
Paid 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)

License# \_\_\_\_\_

**APPLICATION FOR LICENSE TO OPERATE A MOBILE UNIT FOOD SERVICE FACILITY**

Application is hereby made to operate a food establishment in accordance with the Health-General Article §21-305, Annotated Code of Maryland and COMAR 10.15.03. Please make checks payable to: "Calvert County Health Department".  
*Licenses to operate a food service facility expires on October 31<sup>st</sup>.*

LICENSE FEE: \_\_\_ HIGH \$300.00    \_\_\_ MODERATE \$230.00    \_\_\_ LOW \$180.00    \_\_\_ SEASONAL \$180.00  
(4 consecutive months)

PLEASE PRINT OR TYPE

Type of Application: \_\_\_ RENEWAL    \_\_\_ CHANGE OF OWNERSHIP    \_\_\_ NEW

**FACILITY INFORMATION**

Name of Facility: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Former Name of Facility (if applicable): \_\_\_\_\_ Date of Ownership Change: \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_ Facility Fax Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Facility Mailing Address: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_  
Owner's Mailing Address: \_\_\_\_\_

\*\*\*\*\*

**MOBILE UNIT INFORMATION (Attach a photograph of the unit)**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#/State: \_\_\_\_\_  
Color/Markings: \_\_\_\_\_ Vin#: \_\_\_\_\_  
Name on title: \_\_\_\_\_ Email address: \_\_\_\_\_

\*\*\*\*\*

**COMMISSARY AGREEMENT INFORMATION (Please attach a signed copy of agreement)**

Name of Facility Used: \_\_\_\_\_ Commissary Owner's Name: \_\_\_\_\_  
Commissary Facility Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Days & Hours Commissary is used: \_\_\_\_\_  
Describe the use of Commissary (ie, food storage, preparation, ect): \_\_\_\_\_

**FACILITY OPERATIONS**

Operating:  Year-Round       Seasonal (4 consecutive months) Provide Start Date and End Date: \_\_\_\_\_

Provide Days and Hours Unit is Operating: \_\_\_\_\_

**SET-UP LOCATIONS AND/OR LOCAL EVENTS**

Location Sites: \_\_\_\_\_

Local Events Attended: \_\_\_\_\_

**MENU AND FOOD PREPARATION (Include a copy of your approved HACCP)**

**WATER SUPPLY**  Public      **SEWERAGE**  Public      **Grease Tank Size:** \_\_\_\_\_

Private       Private      **Service Agreement for Pumping:** \_\_\_\_\_

Food Prepared In Unit: \_\_\_\_\_

Food Prepared 12 Hours or More In Advance: \_\_\_\_\_

Food Supply: \_\_\_\_\_

\*\*\*\*\*

**WORKERS COMPENSATION INSURANCE INFORMATION**

Does this business have covered employees (Worker’s Compensation Insurance)? Yes \_\_\_\_\_ No \_\_\_\_\_

If “Yes”, please provide Carrier Name: \_\_\_\_\_ Policy# \_\_\_\_\_

If “No”, please attach copy of exemption or self-insurance certificate

\*\*\*\*\*

BY SIGNING THIS APPLICATION I AGREE I HAVE REVIEWED THE APPLICATION IN ITS ENTIRETY. ALL INFORMATION PROVIDED IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. **IF THE APPLICATION IS NOT COMPLETE IT WILL BE RETURNED.**

I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN THE DENIAL, SUSPENSION OR REVOCATION OF THE PERMIT.

BY SIGNING THIS APPLICATION, I HEREBY ACKNOWLEDGE THAT MY BUSINESS IS IN COMPLIANCE WITH MARYLAND WORKER’S COMPENSATION LAWS AND REGULATIONS.

\_\_\_\_\_  
APPLICANT’S SIGNATURE                                  APPLICANT’S PRINTED NAME                                  DATE

\*\*\*\*\*

OFFICIAL USE ONLY:      DATE ISSUED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

HACCP APPROVAL DATE: \_\_\_\_\_ PRIORITY: HIGH \_\_\_\_\_ MODERATE \_\_\_\_\_ LOW \_\_\_\_\_

COMMENTS: \_\_\_\_\_

## Calvert County Mobile Food Establishment Plan Review Worksheet

Mobile food establishments must comply with the applicable requirements in the Maryland Food Regulations. These regulations may be obtained at:

<http://www.dsd.state.md.us/COMAR/SubtitleSearch.aspx?search=10.15.03>

Applicant is responsible for obtaining any required approvals from other agencies, such as zoning/planning, business license, building, city or county authorities, and the Motor Vehicle Administration registration/license as applicable.

Please complete the questions on this worksheet in their entirety **that apply to your type of mobile food establishment**. Be as specific as possible. Incomplete responses will delay the review process.

Date: \_\_\_\_\_

Mobile Food Establishment Type:  Mobile unit  Pushcart  
 Vending Truck (Pre-Packaged Non-Potentially Hazardous Foods)  
 Vending Truck (Pre-Packaged Potentially Hazardous Foods)

Is Unit:  New  Remodeled

Requesting Reciprocity:  Yes  No

Proposed Business Name: \_\_\_\_\_

Owner/Operator:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Projected Food Operation Start Date: \_\_\_\_\_

Months of Operation (i.e. May – Sept.): \_\_\_\_\_

Signature of Owner/Operator

\_\_\_\_\_

**NOTE: If proposed commissary or base of operations is on private well and septic system, obtain written well and septic approval for use from Environmental Health and/or Local Water and Septic Division. The LHD and/or Local Water and Septic Division will evaluate the proposed commissary or base of operation dump site to ensure the design of the septic system can handle the proposed volume and strength of the waste water from your unit. This will be based on your menu and an evaluation of the potential daily volume of wastewater generated. Additionally, if on a private well, a potable water test result must be submitted with this application.**

1. What is the source of potable (drinking) water for use on the unit? Describe methods of filling and refilling potable (drinking) water tanks. **Note: If the water is from a private source, water sample results must be submitted for approval.**

---

---

---

2. What is the size of the potable (drinking) water storage tank?

---

3. Is a potable (drinking) water food grade water hose available for filling potable (drinking) water tank?

Yes                       No

If yes, where will this hose be stored?

---

4. How will your water supply hose, water pipes and water storage tank(s) be disinfected? Describe the method and frequency of disinfection.

---

---

---

5. How will wastewater be removed from the unit? Describe how wastewater will be transported from the unit to the approved wastewater disposal location.

---

---

---

6. What is the size of your wastewater storage tank? (**Note: Should be 1.5x the size of freshwater tank**)

---

7. Obtain written agreement, signed by owner, of the proposed commissary for discharging liquid or solid wastes (see attached Commissary or Base of Operations Authorization Form).

8. List all menu items (including all beverages and condiments), attach a menu if needed. Additionally, provide a Hazard Analysis Critical Control Point Plan (HACCP).

---

---

---

9. List sources for all foods. All food items must come from approved sources.

---

---

---

10. How will you prevent cross contamination of equipment and between raw and ready-to-eat (RTE) foods during operation with the limited space available on the Mobile Food Unit?

---

---

---

11. Identify where all food items will be prepared (including foods requiring advance preparation).

---

---

---

12. Describe how foods will be transported to and from the unit.

---

---

---

13. Indicate construction materials (quarry tile, stainless steel, plastic covered wall board, linoleum, etc.) that will be used in the unit in the following areas (as applicable):

Floor	Walls	Ceiling	Countertops

15. Provide complete plans of the unit (drawn to scale), including placement of all equipment.

16. List all equipment on unit (i.e. refrigerators, freezers, grills, stoves, fryers, etc.) Provide cut sheets or manufacturer's specifications of the unit and all equipment.

---

---

---

17. What is the power source for the mobile unit? Mobile units must operate independently and remain capable of being mobile at all times.

---

---

---

18. How will the water for handwashing achieve and be maintained at a minimum of 100° F on the unit?

---

---

---

**NOTE: ALL HANDSINKS MUST BE SUPPLIED WITH HAND SOAP, PAPER TOWELS, AND A WASTE RECEPTACLE AT ALL TIMES.**



19. Describe methods of preventing no bare hand contact of ready-to eat foods (i.e. utensils, gloves, etc.).

---

---

---

20. Describe ware washing procedures. How and where will dishes and utensils be washed, rinsed, and sanitized?

---

---

---

21. What type of chemical sanitizer will be used? At what concentration? Proper test strips must be available.

Type: \_\_\_\_\_ Concentration: \_\_\_\_\_

22. Describe how garbage will be stored and where it will be disposed. Additionally, if applicable, describe where cooking grease will be stored and disposed.

---

---

---

23. What method(s) of insect and rodent control will be used in your unit? Please note that all pesticide application must be conducted in accordance with Maryland Department of Agriculture - COMAR 15.05.01 – Pesticide Use Control.

---

---

---

24. For push carts, describe the type of overhead protection provided for the unit (i.e. awnings, umbrellas).

---

---

---

25. Describe how the mobile unit will be cleaned. Where? How? Frequency?

---

---

---

26. No person who has a communicable disease, infected wound or boil, or is experiencing diarrhea, vomiting, or persistent coughing or sneezing is allowed to work on a mobile unit.

***NOTE: ANNUAL PERMIT WILL NOT BE ISSUED UNTIL THE FINAL PLAN REVIEW INSPECTION IS CONDUCTED SHOWING SUBSTANTIAL COMPLIANCE IS COMPLETED.***

Annual Renewal Required: \_\_\_\_\_

## Commissary or Base of Operation Authorization Form

This serves to notify the *Calvert County Health Department* that:

I, \_\_\_\_\_ the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

### Attach a copy of the Food Service Facility License to this application

Name of Commissary or Base of Operation	
Address of Commissary or Base of Operation	
Name of Owner/Licensee	
Days/Hours of Operation	
Day Phone	E-mail Address
Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal <input type="checkbox"/> Public <input type="checkbox"/> Private
Name of Mobile Food Establishment	
Name of Mobile Food Establishment Owner/Operator	

**The following services are provided for the Mobile Food Establishment by my *Calvert County Health Department* regulated food facility serving as commissary. Note: If you answer 'No' to any of the below please explain.**

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked. <input type="checkbox"/> Yes <input type="checkbox"/> No	5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day. If Yes, describe. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Potable (drinking) water for filling water tanks. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Sanitary disposal of waste water and grease. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. A three compartment sink for sanitizing utensils. <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Disposal of garbage and refuse. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Hot and cold potable water under pressure for cleaning. <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Storage of vehicle/cart. <input type="checkbox"/> Yes <input type="checkbox"/> No

---

Signature of Commissary Operator

Print Name

Date

**I, \_\_\_\_\_ (owner or operator) of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my *Calvert County Health Department* food-service license may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the *Calvert County Health Department*.**

---

Signature of Mobile Food Establishment Owner/Licensee

Print Name

Date

**CERTIFICATE OF COMPLIANCE**  
**Application Instructions**

**NOTE:**

**Md. Code Ann., Lab. & Empl. §9-201 requires an employer with one or more employees to carry workers' compensation insurance.**

The purpose of this Certificate of Compliance is to identify those employers that are not required to carry workers' compensation insurance coverage and to enable that employer to apply for, and obtain, a license or permit from a government agency that requires proof of workers' compensation insurance coverage. **A Certificate of Compliance is not workers' compensation insurance and is not binding on the Workers' Compensation Commission under any circumstances.**

Before a governmental unit may issue a license or permit to an employer to engage in an activity in which the employer might employ a covered employee, the employer shall submit to the governmental unit:

- (1) a certificate of compliance with this title; or
- (2) the number of a workers' compensation insurance policy or binder.

If an employer is not covered by a workers' compensation insurance policy, an application to secure a Certificate of Compliance must be submitted to the Worker's Compensation Commission pursuant to Labor & Employment Article §9-105.

**Eligibility:**

An employer may secure a Certificate of Compliance in the name of the employer, only if the employer is an entity set forth in Labor and Employment Article, §9-206(b)(1) – (b)(5) with no covered employees other than Corporate officers or limited liability company members who have elected to be exempt from workers' compensation coverage.

Sole Proprietors, Partners and Individuals who are owner/operators of a Class F Vehicle, and are not employers, are not eligible to receive a Certificate of Compliance. For the above business types, a letter of exemption will be supplied that can be submitted to the licensing agency.

Mail Application to: **Workers' Compensation Commission**  
**Attention: IC&R Division**  
**10 East Baltimore Street**  
**Baltimore, Maryland 21202-1641**

Facsimile Applications ARE NOT accepted. Do not photocopy or electronically reproduce. Required signatures must be original.

An applicant who receives notice of disapproval may: (1) reapply for a certificate of compliance or (2) appeal the rejection in accordance with § 10-222 and § 10-223 of the State Government Article.



WORKERS' COMPENSATION COMMISSION

APPLICATION FOR CERTIFICATE OF COMPLIANCE



INSTRUCTIONS: Please review the instructions on page 2 completely prior to completing this application. Complete in Adobe Reader, type or print legibly.

Name of Business: \_\_\_\_\_

Business Address (P.O. Box is not acceptable): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Federal Employer Identification Number or Social Security Number(s) \_\_\_\_\_

Name of Owner(s) or Member(s):

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, of the above-named business hereby affirm, under the penalties of perjury, (Name of Authorized Representative) (Title/Company Position) that workers' compensation is not required pursuant to Labor and Employment Article: (Select the appropriate reason with a check in the adjacent box. Do not modify or qualify the stated reason.)

- a.  §9-206(b)(1) (Close Corporation) — Attach Exclusion Form IC-16
- b.  §9-206(b)(2) (General Corporation) — Attach Exclusion Form IC-16
- c.  §9-206(b)(3) (Farm Corporation) — Attach Exclusion Form IC-16
- d.  §9-206(b)(4) (Professional Corporation) — Attach Exclusion Form IC-16
- e.  §9-206(b)(5) (Limited Liability Company) — Attach Exclusion Form IC-16

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMISSION ACTION**

The application for Certificate of Compliance is:  APPROVED  DISAPPROVED

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Workers' Compensation Commission



WORKERS' COMPENSATION COMMISSION

EXCLUSION FORM

INSTRUCTIONS: Pursuant to Labor & Employment Article §9-206, Annotated Code of Maryland, officers or members of certain business entities may elect to be exempt from workers' compensation insurance coverage by filing this Exclusion Form with the Commission. To exercise this option, the officer or member making the election must sign this document. Mail the original form to the Workers' Compensation Commission, a copy to the insurer of the company/corporation, and keep a copy for your files.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Company:

- Close Corporation                       General Corporation                       Farm Corporation
- Professional Corporation                       Limited Liability Company

Insurance Company Name: \_\_\_\_\_

Date Insurance Company Notified: \_\_\_\_\_

Typed Name and Title of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>(Total cannot exceed 100)</b>	<b>0.00</b>	

NOTE: By signing this Exclusion Form, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.