

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 fees are listed on the [Environmental Health Fee Schedule](#), page two, under Food Service Facility, Operating Permits.

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: \_\_\_\_\_

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

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

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

