



Susan M. Doyle, R.N.
Health Officer

Public Health
Prevent. Promote. Protect.

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Director, Environmental Health

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY

Authority: Health General Article § 21-305 thru 21-311

LICENSE CAN NOT BE ISSUED IF APPLICATION IS NOT COMPLETED IN FULL

Please Print Clearly

1. Trade Name of Business _____ Phone () _____

2. Mailing Address of Business _____
City _____ State/Zip _____

3. Location of Business (Physical Address) _____

4. Email address for Business _____

5. Owner of Business _____ Phone () _____
Address of Owner _____
City _____ State/Zip _____

6. **If Business is part of a Corporation, provide the name, street address, and phone number of a person residing in Maryland who is authorized to accept Service of Process for another:**

Agent's Name _____ Phone () _____
Agent's Mailing Address _____
City _____ State/Zip _____

7. Landlord's Name _____ Phone () _____
Address of Landlord _____
City _____ State/Zip _____

8. Number of Seats in Facility, including Stools _____

9. Water Supply (Circle One): Private/Treated Private/Untreated Public

10. Sewage Disposal (Circle One): Private Public

11. Facility Provides Catering Services (Circle One): Yes No

12. Facility's Operating Hours and Days _____

13. Applicant's Name _____ Date _____

Please Print Clearly

14. Applicants Original Signature _____

15. Facility Fee Low \$75 Moderate \$200 High \$275 Fee Exempt

(1/2 cost noted for applications made after June 30)

For Health Department Use Only

License Number _____ - _____ - _____ - _____ Date Processed _____
Sanitarian's Signature _____ Date _____

