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Public Health
Prevent. Promote. Protect.

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APPLICATION FOR MOBILE FOOD UNIT RECIPROCITY LICENSE

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. Mobile Type: _____ Mobile Trailer Unit _____ Mobile Truck _____ Push Cart _____ Pre – Packaged Ice Cream

8. Months of Operation _____ Hours of Operation _____

9. Water Supply Source: Private/Treated _____ Private/Untreated _____ Public _____

10. Sewage Disposal Source: Private _____ Public _____

11. County of Origin (County of Original License, & Attach Copy) _____

12. Address of Commissary _____
City _____ State/Zip Code _____

13. Applicant's Name _____ Date _____

Please Print Clearly

14. Applicants Original Signature _____

For Health Department Use Only

License Number _____ - _____ - _____ Date Processed _____

Sanitarian's Signature _____ Date _____

