

SOMERSET COUNTY HEALTH DEPARTMENT
7920 CRISFIELD HIGHWAY
WESTOVER, MARYLAND 21871
(P) 443-523-1730 (F) 410-651-4083

FEE: CATEGORIES 1 & 2 **\$300**, CATEGORY 3 **\$175**

DATE: _____

APPLICATION FOR MOBILE RECIPROCITY FOOD LICENSE

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities.

FACILITY INFORMATION

BUSINESS NAME: _____

BASE OF OPERATIONS ADDRESS: _____

CITY: _____, MARYLAND **ZIP CODE:** _____

MAILING ADDRESS: _____

CITY: _____, MARYLAND **ZIP CODE:** _____

OWNER'S NAME: _____

OWNER'S PHONE NUMBER: _____

FAX NUMBER: _____ **EMAIL ADDRESS:** _____

MOBILE TAG#: _____

NORMAL DAYS/HOURS OPEN FOR BUSINESS: _____

Operation is: _____ Permanent _____ Seasonal (From _____ To _____)

Water Supply: _____ Public _____ Private Sewage Disposal: _____ Public _____ Private

ENCLOSE:

- COPY OF FOOD LICENSE ISSUED BY THE "COUNTY OF ORIGIN" AND INSPECTION REPORT
- COPY OF MENU AND APPROVED HACCP PLAN
- COMMISSARY OR BASE OF OPERATION AUTHORIZATION DOCUMENT
- COPY OF WORKER'S COMPENSATION FORM

Signature of Applicant: _____ **Title:** _____

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Official Use Only

ID NUMBER: _____
CATEGORY #: _____

DATE ISSUED: _____
DATE EXPIRES: _____