** Somerset County Health Department**

 8928 Sign Post Road, Suite 2, Westover, Maryland 21871

 443.523.1700 • Fax 410.651.5680 • TDD 1-800-735-2258

 Health Officer Lori Brewster, MS, APRN/BC, LCADC

**FEE: Category 1 & 2 - $300** DATE: \_\_\_\_\_\_\_\_\_\_\_\_

 **Category 3 - $175**

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ISSUED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CATEGORY #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_