



Public Health
Prevent. Promote. Protect.
Somerset County
Health Department

Somerset County Health Department
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Health Officer Danielle Weber, MS, RN

FEE: Category 1 & 2 \$300

DATE: _____

APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE FACILITY

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

FACILITY INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS: _____

TOWN: _____, MARYLAND ZIP CODE: _____

MAILING ADDRESS: _____

TOWN: _____, MARYLAND ZIP CODE: _____

FACILITY PHONE NUMBER: _____

FACILITY FAX NUMBER: _____

NORMAL DAYS/HOURS OPEN FOR BUSINESS: _____

Operation is: Permanent Seasonal (From _____ To _____)

Water Supply: Public Private Sewage Disposal: Public Private

Federal Employer ID Number (EIN): _____ ***(required)***

OWNER INFORMATION

OWNER OF BUSINESS: _____

OWNER'S MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

OWNER'S PHONE NUMBER: _____

Signature of Applicant: _____ Title: _____

Official Use Only

ID NUMBER: _____ DATE ISSUED: _____

CATEGORY #: _____ DATE EXPIRES: _____