



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
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:** _____

Official Use Only

ID NUMBER: _____ **DATE ISSUED:** _____

CATEGORY #: _____ **DATE EXPIRES:** _____