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|  |  |
| --- | --- |
| Facility Name: |  |
| Facility Address: |  |
| Town: |  | State: |  | Zip: |  |
| Owner of Business: |  |
| Mailing Address: |  |
| Town: |  | State: |  | Zip: |  |
| Facility Phone Number: |  | Owner’s Phone Number: |  |
| Business/Owner E-mail Address: |  |  |
| Mobile Unit Information (If applicable): |
| State: |  | Tag #: |  | Vin#: |  |
| Seating Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Source of Food (Name supplier, Grocery, Restaurant, Caterer or Commercial Distributor): |  |
|  |
|  |
| Water Supply: |  Private | Number of wells: |  |  | Sewage Disposal: | Public |
|  |  Public - Community |  | On-Site |
|  |  Public Non-Community |  |
| Signature of Applicant: |  | AgentOwner  | Date: |  |

**PLEASE PRINT OR TYPE AND RETURN**

Application is hereby made for License to **Operate an “Excluded Food Service Organization”** in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities, Health-General, Section 21-306. An “**Excluded Food Service Organization**” means a bona fide nonprofit fraternal, civic, war veterans’, religious, or charitable organization or corporation that does not serve food to the public more often than 4 days per week, except that once a year an organization may serve food to the public for up to 14 consecutive days; or a volunteer fire company that does not serve food to the public more often than 4 days per week except that once a year a volunteer fire company may serve food to the public for up to 30 consecutive days.

**PLEASE PRINT OR TYPE AND RETURN**

|  |  |  |
| --- | --- | --- |
| Paid: $ | EXEMPT |  |
| Rcvd: |  |  |
| Receipt #: | N/A |  |
| W/C: |  | N/A |  |  |
|  |  |  |

**DO NOT FILL IN BELOW THIS LINE – FOR OFFICE USE ONLY**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| License Number: | 007- |  | - |  | - |  |  | Priority: | High |
| Date Issued: |  |  | Medium |
| Valid Date: |  |  | Low |
| Expiration Date: |  |  |
| Application Approved By: |  | Date: |  |
| ID #: |  |  |

 Rev. 06/27/2019