



Health Officer: Danielle Weber, MS, RN

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03.02. Please select the appropriate priority category below and submit application with the associated fee. No fee will be assessed to a bona fide nonprofit organization as defined by COMAR 10.15.03.02.

- High Priority – **Fee: \$450**
- Moderate Priority – **Fee: \$350**
- Low Priority – **Fee: \$200**

For mobile food service facilities, please attach a renewed commissary agreement (required yearly).

Mobile Unit License Plate: _____

Facility Name:	Facility Phone:	
	Facility Email:	
Facility Address:		
Mailing Address:		
Contact Person:	Contact Phone:	
	Contact Email:	
Owner:	Owner Phone:	
	Owner Email:	
Federal Employer ID Number (EIN) (Required):	Seating Capacity:	
Operation Is:	Water Supply:	Sewage Disposal:
<input type="radio"/> Permanent <input type="radio"/> Seasonal (from _____ to _____)	<input type="radio"/> Public <input type="radio"/> Private	<input type="radio"/> Public <input type="radio"/> Private

Applicant Name (Printed): _____ Title: _____

Applicant Signature: _____ Date: _____

*****DO NOT WRITE BELOW THIS LINE – SCHD USE ONLY*****

Facility Number: _____ Date Issued: _____
Priority: High Moderate Low Date Expires: _____



Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – Fax 410.651.5680
TDD 1-800-735-2258

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Statement of Compliance with Workers' Compensation Act

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit may be issued under the Health-General Article, the employer must submit a statement of compliance listing a workers' compensation insurance policy or binder number, or provide a Certificate of Compliance obtained from the Maryland Workers Compensation Commission (WCC).

To obtain a waiver, exclusion form or certificate of compliance from the WCC, please visit their website at <https://comphub.wcc.state.md.us/>.

Please check the box of the option below which applies to you, provide the requested information, sign and date the form, and return it with your application.

I have workers' compensation insurance:

Insurance Company _____
Policy or Binder Number _____

A waiver has been received from the Workers' Compensation Commission.
(ATTACH A COPY OF THE WAIVER)

I am exempt from having workers' compensation insurance per Maryland Labor and Employment Code Ann §9-206. (ATTACH A COPY OF THE EXCLUSION FORM)

I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE)

I have no employees; I am not required to carry workers' compensation insurance.

Printed Name

Title

Company Name

Company Address

Signature

Date