



Town of Princess Anne, MD

30489 Broad Street
Princess Anne, MD
(410) 651-1818



Open-Air Vendor License Application

(Chapter 111 – Open-Air Vendor Licensing)

SECTION 1 – APPLICANT INFORMATION

Applicant Name: _____

Business Name (if applicable): _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

SECTION 2 – BUSINESS & OPERATIONS INFORMATION

Type of Vendor (check one):

- ☐ Cottage Kitchen Food Vendor
☐ Open-Air Food Vendor (Non-Cottage)
☐ Non-Food Merchandise Vendor

Description of Goods/Food to be Sold:

Number of Employees (including owner): _____

Days/Hours of Operation: _____

Proposed Location(s) of Operation:

License Information

☐ Short Term ☐ Special Event

☐ Full time : Months of Operation: _____



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SECTION 3 – FOOD OPERATIONS (IF APPLICABLE)

Will you be preparing, handling, or selling potentially hazardous food (PHF)?

☐ Yes ☐ No

If YES, complete the following:

Health Department Permit Issued By:

☐ Somerset County Health Department

☐ Other: _____

Permit Number: _____

Expiration Date: _____

SECTION 4 – COMMISSARY / COMMERCIAL KITCHEN INFORMATION

(Required for all regulated food operations)

Name of Licensed Facility: _____

Address: _____

Contact Person: _____

Phone Number: _____

Type of Facility:

☐ Licensed Commercial Kitchen

☐ Commissary

Attach Commissary Agreement: ☐ Yes ☐ No



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SECTION 5 – COTTAGE KITCHEN FOOD DECLARATION (IF APPLICABLE)

If applying as a cottage food vendor:

- ☐ I certify that all food products are non-potentially hazardous and comply with Maryland Cottage Food Law.
- ☐ I understand that a private residence **cannot** be used for preparation of potentially hazardous foods or as a commissary.

Product Types: _____

SECTION 6 – INSURANCE INFORMATION

General Liability Insurance Carrier: _____

Policy Number: _____

Expiration Date: _____

Workers' Compensation Insurance (if applicable):

Carrier: _____

Policy Number: _____

☐ Not Applicable (no employees)

SECTION 7 – VEHICLE INFORMATION (IF APPLICABLE)

Vehicle Type: _____

Make/Model: _____

License Plate Number: _____

State of Registration: _____

Proof of Vehicle Insurance Attached: ☐ Yes ☐ No



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SECTION 8 – RECIPROCITY (IF APPLICABLE)

Do you hold a vendor license in another jurisdiction?

☐ Yes ☐ No

If YES:

Jurisdiction: _____

License Number: _____

Expiration Date: _____

Copy Attached: ☐ Yes ☐ No

SECTION 9 – COMPLIANCE ACKNOWLEDGMENTS

Please initial each:

_____ I understand that I may not operate within **250 feet of a brick-and-mortar food establishment**, unless waived by the Town for an approved special event.

_____ I agree to provide **adequate trash receptacles** and properly dispose of all trash and refuse generated by my business.

_____ I agree to comply with all applicable laws and regulations, including those enforced by the Somerset County Health Department and the Maryland Department of Health.

_____ I understand that I am responsible for obtaining any required approvals, permits, or licenses from other agencies and city or county authorities, as applicable.

_____ I understand that food prepared in a private residence is limited to cottage food products only and may not be used for regulated food operations.

_____ I understand that failure to comply with Town Code Chapter 111 may result in denial, suspension, or revocation of my license.



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SECTION 10 – CERTIFICATION

I hereby certify that all information provided in this application is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in denial or revocation of this license.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Application Received By: _____

Date Received: _____

Application Status: ☐ Approved ☐ Denied ☐ Pending

License Number: _____

Fee Paid: _____

Notes: _____

ATTACHMENT CHECKLIST (FOR APPLICANT USE)

- ☐ Health Department Permit (if applicable)
- ☐ Commissary Agreement (if applicable)
- ☐ Proof of Insurance (General Liability)
- ☐ Workers' Compensation Insurance (if applicable)
- ☐ Vehicle Insurance (if applicable)
- ☐ Reciprocity License (if applicable)
- ☐ Non-Profit Paperwork (if applicable)