

SEND APPLICATION TO:
Worcester County Health Department
P. O. Box 249
Snow Hill, Maryland 21863
Attention: Office of Environmental Health

Date _____

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 Regulations Governing, Food Service Facilities.

PLEASE PRINT OR TYPE

FACILITY NAME _____

FORMER NAME (if any) _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

OWNER OF BUSINESS _____ **NEW OWNER:** YES NO

OWNER'S MAILING ADDRESS _____

FACILITY PHONE NO. _____ **OWNER PHONE NO.** _____

EXACT LOCATION _____

NORMAL DAYS/HOURS OPEN FOR BUSINESS _____

FACILITY INFORMATION (check all applicable blocks)

- | | |
|---|---|
| <input type="checkbox"/> Full Service Restaurant/Lounge | <input type="checkbox"/> Mobile Unit |
| <input type="checkbox"/> Confections (Candy, Ice Cream) | <input type="checkbox"/> Nonprofit kitchen (church, fire co., etc.) |
| <input type="checkbox"/> Grocery-Market/Deli | <input type="checkbox"/> Carry Out Available |
| <input type="checkbox"/> Market/Prepackaged | <input type="checkbox"/> Carry Out Only |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Softserve Ice Cream/Yogurt |
| <input type="checkbox"/> Bar/Lounge | <input type="checkbox"/> Other _____ |

SEATING CAPACITY

LENGTH OF OPERATION

Bar/Lounge	_____ Inside	_____ Outside	<input type="checkbox"/> Year 'round
Dining	_____ Inside	_____ Outside	<input type="checkbox"/> Seasonal From _____
Total	_____ Inside	_____ Outside	To _____

MENU INFORMATION (e.g. steaks, chicken, seafood, subs, etc.) _____

ALCOHOLIC BEVERAGE LICENSE

Yes No

WATER SUPPLY

Public Private

SEWERAGE

Public Private

APPLICANT'S SIGNATURE _____ **POSITION** _____

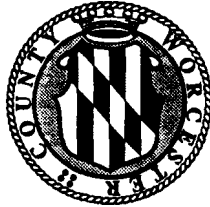
AMT. OF FEE ENCLOSED \$150.00 \$125.00 \$75.00 \$25.00 Late Fee N/A (Non-Profit)

OFFICE USE ONLY

I.D. Number _____ **Sanitarian** _____ **Priority Assessment** _____

Date Issued _____ **Date Expires** _____ **Workmen's Comp. Statement** _____

Comments _____



HEALTH DEPARTMENT

Worcester County

P.O. BOX 249

SNOW HILL, MARYLAND 21863

SNOW HILL (Main Office)
TEL: 410-632-1100
TTY: 410-632-1119

DEBORAH GOELLER, R.N., M.S.
HEALTH OFFICER

STATEMENT OF WORKMEN'S COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workmen's Compensation Laws indicating the employer's Workmen's Compensation insurance policy or binder number. Waiver or certificate of compliance can be obtained by calling the Workmen's Compensation Commission at (410) 767-0900.

CIRCLE the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. (*NOTE. License cannot be issued without completion of this form.*)

1. I have Workmen's Compensation insurance.

Insurance Company _____ Policy/Binder No. _____

2. A waiver has been received from the Workmen's Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE LICENSURE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workmen's Compensation insurance. (Circle option a or b below.)

a. Attached is a copy of the certificate of compliance.

b. I have applied for a certificate of compliance from the Workmen's Compensation Commission on _____ Copy of certificate will be forwarded to Worcester County Office of Environmental Health upon receipt.

4. I am self-insured. Approval of self-insurance has been received from the Workmen's Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE LICENSURE WILL BE GRANTED.)

5. I have no employees, therefore I am not required to carry Workmen's Compensation insurance.

SIGNATURE/TITLE

DATE

FACILITY NAME

TITLE

WCHD (rev) 06/95

ISLE OF WIGHT
Environmental Health:
410-352-3234
410-641-9559

POCOMOKE
410-957-2005

BERLIN
410-629-0164

OCEAN CITY
410-289-4044

PREVENTION
410-632-0056

WACS CENTER
410-213-0202
TTY 410-213-1939