



SEND APPLICATION TO:  
 Worcester County Health Department  
 13070 St. Martin's Neck Road  
 Bishopville, MD 21813

Date \_\_\_\_\_  
 410-352-3234 or 410-641-9559  
 Checks payable to: Worcester County Commissioners

**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 CLEARLY OR TYPE

FACILITY NAME \_\_\_\_\_

NEW OWNER:  YES  NO FORMER NAME (if any) \_\_\_\_\_

MAILING (Correspondence) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OWNER(S) OF BUSINESS \_\_\_\_\_ IF CORP. /LLC. \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX # \_\_\_\_\_ Officers Names & Titles \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_

FACILITY PHONE \_\_\_\_\_ OWNER PHONE \_\_\_\_\_

EXACT LOCATION \_\_\_\_\_

NORMAL DAYS & HOURS OPEN FOR BUSINESS \_\_\_\_\_

**FACILITY INFORMATION (check all applicable boxes)**

- |   |   |
|---|---|
| <input type="checkbox"/> Full Service Restaurant/Lounge | <input type="checkbox"/> Mobile Unit Year _____ Make _____                  |
| <input type="checkbox"/> Confections (Candy, Ice Cream) | Model _____ Tag# _____  |
| <input type="checkbox"/> Grocery-Market/Deli            | <input type="checkbox"/> Nonprofit kitchen (church, fire co., school, etc.) |
| <input type="checkbox"/> Market/Prepackaged             | <input type="checkbox"/> Carry Out Available                                |
| <input type="checkbox"/> Bakery                         | <input type="checkbox"/> Carry Out Only                                     |
| <input type="checkbox"/> Bar/Lounge/Liquor Store        | <input type="checkbox"/> Soft serve Ice Cream/Yogurt                        |
| <input type="checkbox"/> Other                          |   |

**SEATING**

- Yes  No  
 Inside:  Yes  No Outside:  Yes  No

**LENGTH OF OPERATION**

- Year 'round  
 Seasonal From \_\_\_\_\_ To \_\_\_\_\_ (Month/Date)

- ALCOHOLIC BEVERAGE LICENSE  Yes  No WATER SUPPLY  Public  Private  
 SEWERAGE  Public  Private

Please complete and sign both front and back pages. If application is not complete, it will be returned to you.  
Allow 10 business days for processing of your food service operating license.

APPLICANT'S SIGNATURE \_\_\_\_\_ POSITION \_\_\_\_\_

- AMOUNT OF FEE ENCLOSED  \$330.00  \$150.00  \$100.00  N/A  \$10.00 Certified Letter Fee  
 (Check all applicable boxes)  \$50.00 per Day Late Fee (Maximum Late Fee - \$300.00)

**\*\*\*PLEASE MAKE CHECKS PAYABLE TO WORCESTER COUNTY COMMISSIONERS\*\*\***

**OFFICE USE ONLY**

Change of Ownership

I.D. Number \_\_\_\_\_ Sanitarian \_\_\_\_\_ Priority Assessment \_\_\_\_\_

Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_ Workmen's Comp Statement \_\_\_\_\_

Comments \_\_\_\_\_

Environmental  
Programs Approval



Snow Hill (Main Office)  
410-632-1100  
Fax 410-632-0906  
TTY 410-632-1100

# Worcester County

HEALTH DEPARTMENT

P.O. Box 249 • Snow Hill, Maryland 21863-0249

Deborah Goeller, R.N., M.S.  
Health Officer

## STATEMENT OF WORKERS' 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 Workers' Compensation Laws indicating the employer's Worker' Compensation insurance policy or binder number. Waiver or certificate of compliance can be obtained by calling the Workers' Compensation Commission at 410-864-5100.

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 Workers' Compensation insurance.

Insurance Company \_\_\_\_\_ Policy/Binder No. \_\_\_\_\_  
Agent \_\_\_\_\_ Phone Number \_\_\_\_\_

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

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' 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 Workers' 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 Workers' Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

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

\_\_\_\_\_  
SIGNATURE/TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FACILITY NAME

\_\_\_\_\_  
TITLE