



WORCESTER COUNTY HEALTH DEPARTMENT

Office of Environmental Health

13070 St. Martin's Neck Road, Bishopville, MD21813

Phone 410-352-3234 or 410-641-9559

Pre-packaged Food Service Facilities

Plan Submittal Requirements

1. List potentially hazardous foods offered for sale (meat, milk, eggs, seafood, etc.).
2. NSF approved mechanical refrigeration shall be provided for the storage of all potentially hazardous foods. Specification sheets shall be submitted for review and approval.
3. A floor plan shall be drawn to scale, and must include construction materials used to cover walls, floors and ceilings, as well as the location(s) of:
 - a) Required refrigeration and dry goods display units.
 - b) Restroom and fixtures (including soap and paper towel dispensers).
 - c) Mop sink.
4. All food service plan submittals must be accompanied by a completed Plan Review Application and the \$150.00 fee. Application for License to Operate a Food Service Facility, Statement of Workers' Compensation Insurance form and the \$100.00 license fee must be submitted prior to requesting a pre-opening inspection.

Minimum Operating Parameters

1. Hot water used for hand washing shall be a minimum of 100°F.
2. All refrigerated potentially hazardous food must be stored below 41°F and all frozen foods below 0°F. Thermometers must be provided for all units.
3. Outside trash container shall be provided with a tight fitting lid or cover and placed on a smooth, cleanable and non-absorbent surface.
4. Microwaves used for customer service shall be NSF approved and cleaned daily.
5. Coffee creamers used for self-service coffee shall be stored and dispensed according to manufacturer's specifications.
6. Restroom(s) and fixtures shall be cleaned daily.



WORCESTER COUNTY HEALTH DEPARTMENT FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

*Return to: Worcester County Health Dept., Office of Environmental Health
13070 St. Martin's Neck Road, Bishopville, MD21813
Phone 410-352-3234 or 410-641-9559*

Type of Plans Submitted and Fee

- New Construction (High/Moderate) \$275.00 New Construction (Low/Prepackaged) \$150.00
- Remodel/Materially Altered (COMAR 10.15.03.33) \$150.00 Ventilation Hood Review \$135.00
- Mobile Unit (High/Moderate) \$275.00 Mobile Unit (Low/Prepackaged) \$150.00

Facility Name: _____ Former Name: _____

Facility Address: _____

City _____ State _____ Zip _____

Name of Owner: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax _____ e-mail _____

Contact / Project Manager Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____ e-mail: _____

Anticipated Start Date: _____ Anticipated Date of Completion _____

Exhaust Ventilation System Fabricator/Manufacturer (Name, Address, Phone) _____

Type of Service (Check all that apply):

- Full Service Carry Out Bar/Tavern/Nightclub Mobile Vendor Nonprofit Kitchen
- Grocery/market Bakery Confections Institution Other _____

I have submitted plans/applications (if applicable) to the following authorities:

- Plumbing Electric Planning & Zoning Building Fire

****Check with other agencies to determine how many sets of plans that will require Health Dept. approval.**

Please note that plans are not forwarded to this department by any other agency.

Office Use Only

Date Received _____ Fee _____ Receipt _____ Clerk _____



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