



FOOD SERVICE FACILITY APPLICATION

Queen Anne's County Environmental Health
206 N Commerce Street
Centreville, MD 21617
Phone: 410-758-2281 // Fax: 410-758-6602
E-mail: qac.env@maryland.gov

Instructions

- An application must be submitted in order to obtain a food service facility license under the provisions of Health-General Article, §21-306, Annotated Code of Maryland and in accordance with COMAR 10.15.03.
 - Fee is determined based on the priority assessment of the facility: High = \$250/yr Moderate = \$200/yr Low = \$100/yr
 - Submit payment via check or credit card (Visa/MC). Make checks payable to Queen Anne's County Dept of Health.
 - Incomplete application will not be processed and will be returned to the applicant.
 - Once issued, licenses must be conspicuously displayed in the food service facility.
- (*Note: Licenses are not transferrable from one person to another or from one food service facility to another.)

Facility Information

Facility Name: _____ Facility Contact: _____ Phone: _____
Facility Address: _____ City: _____ Zip: _____
Mailing Address (if different): _____ City: _____ Zip: _____
Water Supply: ☐ Public ☐ Private/Treated Sewer: ☐ Public ☐ Private/Septic Grease Trap: ☐ Yes /size? _____ ☐ No
Indoor Seating: ☐ Yes /# of seats? ____ ☐ No Outdoor Seating: ☐ Yes/# of seats? ____ ☐ No Operation: ☐ Yr round ☐ Seasonal

Owner Information

☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other
Owner Name: _____
Owner Address: _____ City: _____ Zip: _____
E-mail: _____ Phone: _____

Certificate of Compliance Workers' Compensation Insurance

Maryland Health-General Annotated Code, §1-202, requires that before any license or permit be issued to an employer to engage in an activity in which the employer may employ a covered employee, as defined in §9-101 of the Labor and Employment Article, the employer shall file with the issuing authority: (1) a certificate of compliance with the Maryland Workers' Compensation Act; (2) or the number of a workers' compensation insurance policy or binder.

Circle the number of the option which applies to you/your business and provide the requested information:

1. I have Workers' Compensation Insurance: Insurance Name: _____ Insurance Policy No.: _____
2. A waiver has been received from the MD Workers' Compensation Commission. (Attached Copy of Waiver)
3. As provided, I am exempt from having Workers' Compensation insurance. (Attach Copy of the Compliance Certificate)
4. I am self-insured. Approval of self-insurance has been received from the Worker's Compensation Commission. (Attach Copy of the Compliance Certificate)
5. I am self-employed. I have no employees.

Applicant Signature: _____ Date: _____

ENVIRONMENTAL HEALTH OFFICE ONLY

License Fee: _____ Receipt #: _____ Date Received: _____
License #: _____ Env. Specialist: _____