SEND APPLICATION TO: Talbot County Health Department Office of Environmental Health 215 Bay St, Suite 4	Phone: (410) 770-6880 Fax: (410) 770-6888
Easton, MD 21601	Checks payable to: Talbot County Health Department
APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY IN TALBOT COUNTY	
Authority: Health General Article §21-305 through 21-311; COMAR 10.15.03	
Renewal New Facility Change of Owner	
Trade Name of Business	Facility Phone ( )
Mailing Address of Business	
Exact Location (911 Address of Business)	
Contact Person	Email Address
Contact Person's Phone ( )	_
Name of Owner (Corp, LLC or Sole Owner)	
Owner Mailing Address	
Type of Facility:          Permanent      Mobile Unit: VIN #	
Tag # Mobile Units MUST submit Commissary Agreement	
Facility Provides Catering: 🗌 Yes 🗌 No	
Number of Seats (include bar seating): Indoor:	Outdoor:
Business Operation: 🗌 Permanent/Year-Round 🗌 Seasonal/Temporary (operating dates)	
Days/Hours of Operation:	
Water Supply:  Public  Private  S	ewage Disposal: 🗌 Public 🗌 Private
Applicant Statement: Application is hereby made for a permit to operate a Food Service Facility.	
In accordance with COMAR 10.15.03 and Maryland Annotated Code Health General §21-307 (Qualifications of applicants; inspections), I, the applicant will:	
<ol> <li>Comply with the requirements adopted under this subtitle and the rules and regulations under this subtitle;</li> <li>Agree to permit access to the food establishment for the purpose of any inspection permitted or required under this subtitle; and</li> <li>Pay the license fee assessed under §21-308 of this subtitle, unless exempted from the fee under this subtitle.</li> </ol>	
I hereby certify that the information given in this application is correct.	
Applicant's Name (Print clearly):	Title:
Applicant's Signature:	Date:
For Health Dept Use only: ID# Low priority-\$175 Moderate-\$400 High-\$450 Comments:	



PHONE: (410) 770-6880

OFFICE OF ENVIRONMENTAL HEALTH 215 BAY STREET, SUITE 4, EASTON, MD 21601 Maria Maguire, MD, Health Officer Anne F. Morse, LEHS, Director

FAX: (410) 770-6888

## STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Article, § 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 Maryland State Workers Compensation Act or a workers' compensation insurance policy or binder number before any license or permit is issued.

Please circle the number of the option below which best applies to you, provide the requested information, sign, date the form, and return it with the attached application.

1. I have workers' compensation insurance.

Insurance Company \_\_\_\_\_

Policy or Binder Number \_\_\_\_\_

- 2. I do not have any *covered employees* as defined by Maryland Code Annotated, Labor and Employment Article §9-202, and therefore, am exempt from having workers' compensation insurance.
- I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE COMPLIANCE CERTIFICATE)

Signature

Title

Printed Name of Applicant

**Business Name** 

Date