

APPLICATION FOR LICENSE TO OPERATE A FOOD SERVICE FACILITY IN TALBOT COUNTY

Authority: Health General Article §§21-305 through 21-311 ;COMAR 10.15.28 E

1. Trade Name of Business \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

2. Mailing Address of Business \_\_\_\_\_  
City \_\_\_\_\_ State/Zip \_\_\_\_\_

3. Exact Location (911 Address) of Business \_\_\_\_\_

4. Contact Person Name \_\_\_\_\_ Email Address \_\_\_\_\_

5. Type of Ownership: ( ) Individual ( ) Corporation [Incl. LLC] ( ) Co-Ownership ( ) Partnership ( ) Other

6. For Individual or Co-Ownership, provide the following information:

Owner(s) of Business \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

7. If Business is part of a Corporation, provide the following information:

Corporation Name \_\_\_\_\_

Agents Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

8. Property Owner \_\_\_\_\_ Phone ( ) \_\_\_\_\_

9. Number of Seats (including stools): \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor

10. Water Supply (Circle One): Public Private 11. Sewage Disposal (Circle One): Public Private

12. Facility Provides Catering (Circle One): Yes No 13. Seasonal Facility (Circle One) Yes No

14. Facility's Operating Days and Hours: \_\_\_\_\_

**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:

1) Comply with the requirements adopted under this subtitle and the rules and regulations under this subtitle;

2) Agree to permit access to the food establishment for the purpose of any inspection permitted or required under this subtitle; and

3) Pay the license fee assessed under §21-308 of this subtitle, unless exempted from the fee under this subtitle.

I hereby certify that the information given in this application is correct.

15. Applicant's Name (Print clearly): \_\_\_\_\_ Title: \_\_\_\_\_

16. Applicant's Signature: \_\_\_\_\_

Return Application to: Talbot County Environmental Health, 215 Bay Street, Suite 4, Easton, MD 21601 .  
Phone: 410.770.6880 Fax: 410.770.6888 www.talbothealth.org

For Health Dept Use only: ID # \_\_\_\_\_ Low priority-\$175 Moderate-\$400 High-\$450

Comments: \_\_\_\_\_



TALBOT COUNTY HEALTH DEPARTMENT  
**OFFICE OF ENVIRONMENTAL HEALTH**

215 BAY STREET - SUITE 4  
EASTON, MARYLAND 21601  
TEL: (410) 770-6880  
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 worker's 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.

3. I am self-insured. Approval of self-insurance has been received from the Worker's Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Business Name Date