



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

<http://dhmh.maryland.gov/washhealth>

Application for Permit 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 or Type

Date: _____

Facility Name: _____

Facility Address: _____

Owner(s) of Business: _____

Corporate Name (if applicable): _____

Address for Permit to be sent if different from above:

Facility Phone #: _____ Owner Phone #: _____

Fax Number: _____ Email: _____

Former Name of Facility (if applicable): _____

Type of Facility: _____

Normal Hours/Days Open for Business: _____

Check Applicable Lines

Operation Proposed: Permanent _____
Seasonal _____ From _____ To _____
Water Supply: Public _____ Private _____
Sewerage: Public _____ Private _____

Signature of Applicant: _____ Title: _____

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW:	
  	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER
CARD NUMBER	AMOUNT
SIGNATURE	EXP. DATE (MM/YYYY)

MAIL APPLICATION TO:
WASHINGTON COUNTY ENVIRONMENTAL HEALTH
13332 PENNSYLVANIA AVENUE
HAGERSTOWN, MD 21742

240-313-3400 PHONE • 240-313-3391 TDD • 240-313-3424 FAX



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section I-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 workers' compensation insurance policy or binder number.

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.

1. I have workers' compensation insurance.

Insurance Company _____

Policy or Binder number _____

2. A waiver has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE WAIVER.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having workers' compensation insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

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

_____ Date

_____ Signature

_____ Company Name

_____ Title

_____ Address

_____ Type of License

_____ City _____ St _____ Zip

FOR OFFICE USE ONLY

New Permit/License _____ Approved _____ Denied _____ Hold _____

Reason _____

By _____

Date _____