

SOMERSET COUNTY HEALTH DEPARTMENT
7920 CRISFIELD HIGHWAY
WESTOVER, MARYLAND 21871
(P) 443-523-1730 (F) 410-651-4083

FEES: CATEGORIES 1 & 2 \$300, CATEGORY 3 \$175 **DATE:** _____

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.

FACILITY INFORMATION

FACILITY NAME: _____

FACILITY ADDRESS: _____

TOWN: _____, MARYLAND ZIP CODE: _____

MAILING ADDRESS: _____

TOWN: _____, MARYLAND ZIP CODE: _____

FACILITY PHONE NUMBER: _____

FACILITY FAX NUMBER: _____

NORMAL DAYS/HOURS OPEN FOR BUSINESS: _____

Operation is: _____ Permanent _____ Seasonal (From _____ To _____)

Water Supply: _____ Public _____ Private Sewage Disposal: _____ Public _____ Private

Federal Employer ID Number (EIN): _____ **(required)**

OWNER INFORMATION

OWNER OF BUSINESS: _____

OWNER'S MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

OWNER'S PHONE NUMBER: _____

Signature of Applicant: _____ Title: _____

Official Use Only

ID NUMBER: _____ DATE ISSUED: _____

CATEGORY #: _____ DATE EXPIRES: _____