



Public Health
Prevent. Promote. Protect.

**Harford County
Health Department**

Harford County Health Department
120 S. Hays Street
Bel Air, MD 21014
410-877-2300/410-879-2684
FAX # 443-643-0333
www.harfordcountyhealth.com

Application is hereby made to operate a food service facility in accordance with Resolution No. 10-89.

Please print or type clearly. Both sides of the application must be completed.

INCOMPLETE/ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED.

Please write on lines below:

Name of Facility:

Address of Facility:

Phone No. of Facility:

Fax No. of Facility:

Mailing Address (Where do you want the license to be mailed?):

Ownership of Food Service Facility (LLC or INC if applicable):

Address of Owner:

Phone No. of Owner:

Email:

Contact Person: _____

Phone No. _____

Type of Water Supply*: Public or Well

Type of Sewage Disposal System: Public or Septic

Presence of Grease Interceptor **: Yes or No

***NOTE: If there is a well, the most recent (within the last 12 months) water testing results (to include Bacteria and Nitrates) must be submitted with this application.**

****NOTE: If there is a grease interceptor located on the property, the most recent (within the last 12 months) pump out invoice must be submitted with this application.**

(SEE REVERSE)

OFFICIAL USE ONLY

I.D. NUMBER _____

DATE ISSUED _____

CATERER NUMBER _____

TYPE OF FACILITY _____

PRIORITY _____

RESTRICTIONS/SPECIAL NOTES _____

Does this facility have a Liquor License? _____

Does this facility offer off premises catering? _____

NOTE: Catering is defined as the preparation and serving of food and drink in conjunction with a public event or a business or social function. Food delivery/drop-off is not considered catering.

Does this facility operate seasonally? _____

What Months Do You Operate? _____

How many total seats are there? _____

How many total employees? _____

Day/Hours of operation? _____

STATEMENT OF WORKERS' COMPENSATION INSURANCE

The Annotated Code of Maryland, Health-General Article §1-202, requires compliance with the Workers' Compensation Act. It specifically states, "Before any license or permit may be issued under this article 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; or (2) The number of a workers' compensation insurance policy or binder."

CHECK THE OPTION THAT APPLIES *(Provide all requested documentation)*

_____ I have workers' compensation insurance.*

Attach a copy of the insurance policy's declaration page.

_____ A Certificate of Compliance has been received from the Workers' Compensation Commission.*

Attach a copy of the Certificate or Letter.

_____ This business does not and will not employ a covered employee, as defined in §9-101 of the Labor and Employment Article. **(The applicant should consult legal counsel if the applicant is unsure whether an employee is considered covered under the Workers Compensation Act.)**

_____ I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission.*

Attach a copy of the certificate of compliance.

I certify that the above information is correct to the best of my knowledge.

X _____
Signature **(Required)**

X _____
Date

X _____
Print Name/Title **(Required)**

X _____
Phone Number **(Required)**