BALTIMORE CITY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

**ENVIRONMENTAL INSPECTION SERVICES**

1001 E. Fayette Street

Baltimore, Maryland 21202

(O) 410-396-4425 (F) 410-396-5986

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| **FOOD FACILITY LICENSE APPLICATION** | | | | | | | | | | | | |
| **PLEASE PRINT ALL INFORMATION CLEARLY** | | | | | | | | | | | | |
| CORPORATE NAME: | | | | | | | | | | | | |
| OFFICER/OWNER NAME: | | | | | | | TITLE: | | | | | |
| TRADE NAME: | | | | | | | | | | | | |
| BUSINESS ADDRESS: | | | | | | | | | | ZIP CODE: | | |
| BUSINESS TELEPHONE: | | | | | HOME TELEPHONE: | | | | | | | |
| OWNER’S HOME ADDRESS: | | | | | | | | | | ZIP CODE: | | |
| MAILING ADDRESS (IF DIFFERENT THAN BUSINESS): | | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | | |
| **REQUIRED FEES BASED ON FACILITY TYPE/PRIORITY**  (YOUR PLAN REVIEWER WILL ASSESS YOUR FACILITY AND ASSIGN A TYPE/PRIORITY) | | | | | | | | | | | | |
| HIGH PRIORITY FACILITY | | | $520 | | | HIGH PRIORITY FACILITY - SEASONAL | | | | | | $350 |
| MODERATE PRIORITY FACILITY | | | $285 | | | MODERATE PRIORITY FACILITY - SEASONAL | | | | | | $145 |
| LOW PRIORITY FACIITY | | | $65 | | | PROCESSING PLANT | | | | | | $500 |
| VENDING MACHINE | | | $10 | | | CATERING LICENSE | | | | | | $625 |
| **COMPLIANCE WITH THE MARYLAND WORKERS’ COMPENSATION ACT** | | | | | | | | | | | | |
| NOTICE:  MARYLAND ANNOTATED CODE, HEALTH GENERAL ARTICLE, SECTION 1-202 REQUIRES THAT BEFORE ANY LICENSE OR PERMIT IS ISSUED TO AN EMPLOYER TO ENGAGE IN AN ACTIVITY IN WHICH THE EMPLOYEER MAY EMPLOY A COVERED INDIVIDUAL, THE EMPLOYER MUST FILE WITH THE ISSUING AUTHORITY A CERTIFICATE OF COMPLIANCE WITH THE STATE WORKERS COMPENSATION LAWS; OR THE EMPLOYER’S WORKER’S COMENSATION INSURANCE POLICY OR BINDER NUMBER.  **SUBMIT A “CERTIFICATE OF COMPLIANCE” WITH THIS APPLICATION.** | | | | | | | | | | | | |
| **STATEMENT OF WASTE HAULER SERVICE** | | | | | | | | | | | | |
| ALL FOOD FACILITIES ARE REQUIRED TO HAVE WASTE DISPOSED OF DAILY, OR AS OFTEN AS NECESSARY, TO PREVENT A NUISANCE OR INSANITARY CONDITION BY A METHOD THAT COMPLIES WITH APPLICABLE STATE AND LOCAL LAWS, REGULATIONS, AND ORDINANCES.  CHECK THE OPTION BELOW WHICH APPLIES TO YOU AND PROVIDED THE REQUESTED INFORMATION:   * MY BUSINESS WILL GENERATE THREE (3) OR FEWER THIRTY-TWO (32) GALLON COMMERCIAL TRASH RECEPTICALS PER WEEK. * MY BUSNESSS WILL GENERATE MORE THAN THREE (3) THIRTY-TWO (32) GALLON COMMERCIAL TRASH RECIPTICALS PER WEEK AND I HAVE A CONTRACTE WITH A LICENSED WASTE HAULER. (ATTACH COPY OF CONTRACT) * MY BUSINESS WIL GENERATE MORE THAN THREE (3) THIRTY-TWO (32) GALLON COMMERCIAL TRASH RECIPTICALS PER WEEK AND I HAVE A SMALL HAULER LICENSES AND WILL PROPERLY DISPOSE OF MY BUSINESS’ TRASH.   + SMALL HAULER LICENSE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **SUBMIT WASTE HAULER SERVICE CONTRACT (IF APPLICABLE) WITH THIS APPLICATION.** | | | | | | | | | | | | |
| FACILITY TYPE/PRIORITY: | (BCHD USE ONLY) | | FEE SUBMITTED WITH APPLICATION: | | | | | | | | $ | |
| MAKE CHECK OR MONEY ORDER PAYABLE TO:  **“DIRECTOR OF FINANCE”** | | | | MAIL TO:  ENVIRONMENTAL INSPECTION SERVICES  1001 E. FAYETTE STREET  BALTIMORE, MD 21202 | | | | | | | | |
| I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | | | | | | | | | | | |
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| APPLICANT’S SIGNATURE | | | | | | | | APPLICANT’S TITLE | | | | |
|  | | | | | | | | | | | | |
| APPLICANT’S NAME (PRINT) | | | | | | | | | | | | |
| **BCHD OFFICE USE ONLY** | | | | | | | | | | | | |
| Business Code #: | | Establishment Type: | | | | | | | | | | |
| Comments: | | | | | | | | | | | | |
| BCHD Reviewer: | | | | | | | | | Date: | | | |