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 STREETBALTIMORE, 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: |