



**BALTIMORE CITY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
ENVIRONMENTAL INSPECTION SERVICES**  
1001 E. Fayette Street  
Baltimore, Maryland 21202  
(O) 410-396-4424 (F) 410-396-5986



## 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 FACILITY	\$65	CATERING LICENSE	\$625
VENDING MACHINE	\$10	OTHER _____	\$_____

### 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 EMPLOYER 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 COMPENSATION INSURANCE POLICY OR BINDER NUMBER.

**PLEASE 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 PROVIDE THE REQUESTED INFORMATION:

- MY BUSINESS WILL GENERATE THREE (3) OR FEWER THIRTY-TWO (32) GALLON COMMERCIAL TRASH RECEPTICALS PER WEEK.
- MY BUSINESS WILL GENERATE MORE THAN THREE (3) THIRTY-TWO (32) GALLON COMMERCIAL TRASH RECEPTICALS PER WEEK AND I HAVE A CONTRACT WITH A LICENSED WASTE HAULER. (ATTACH COPY OF CONTRACT)
- MY BUSINESS WILL GENERATE MORE THAN THREE (3) THIRTY-TWO (32) GALLON COMMERCIAL TRASH RECEPTICALS PER WEEK AND I HAVE A SMALL HAULER LICENSES AND WILL PROPERLY DISPOSE OF MY BUSINESS' TRASH.
  - o SMALL HAULER LICENSE NUMBER: \_\_\_\_\_

**SUBMIT WASTE HAULER SERVICE CONTRACT (IF APPLICABLE) WITH THIS APPLICATION.**

### STATEMENT OF TOBACCO LICENSEE

COMPLETE THIS SECTION IF YOU HOLD A STATE OF MARYLAND LICENSE TO SELL TOBACCO CONTAINING PRODUCTS OR INTEND TO APPLY FOR ONE. STATE OF MARYLAND LICENSE NUMBER (IF KNOWN): \_\_\_\_\_

PLACE YOUR INITIALS NEXT TO EACH OF THE FOLLOWING STATEMENTS TO INDICATE YOUR UNDERSTANDING:

- \_\_\_\_\_ THE SALE OF CIGARETTES, OTHER TOBACCO PRODUCTS, AND ELECTRONIC SMOKING DEVICES TO ANYONE UNDER THE AGE OF 18 IS ILLEGAL— EVEN IF THEY CLAIM TO BE BUYING THEM FOR AN ADULT, EVEN IF THEY HAVE A NOTE. PHOTO ID MUST BE REQUESTED FROM ANY PERSON WHO APPEARS TO BE YOUNGER THAN 27.
- \_\_\_\_\_ THE SALE OF INDIVIDUAL CIGARETTES IS ILLEGAL. NO “LOOSIES” OR PARTIAL PACKS MAY BE SOLD. CIGARETTE PACKS MUST BE SOLD IN A MINIMUM PACKAGE OF 20.
- \_\_\_\_\_ THE PLACEMENT OF TOBACCO PRODUCTS AND ELECTRONIC SMOKING DEVICES MUST BE DONE IN SUCH A MANNER THAT THEY CANNOT BE REACHED BY ANY PERSON UNDER THE AGE OF 18.
- \_\_\_\_\_ IT IS MY RESPONSIBILITY TO ENSURE THAT ALL STAFF ARE AWARE OF AND UNDERSTAND THESE RULES PRIOR TO ALLOWING THEM TO SELL ANY MERCHANDISE OF ANY KIND TO CUSTOMERS.

FACILITY TYPE/PRIORITY:	(BCHD USE ONLY)	FEE SUBMITTED WITH APPLICATION:	\$
MAKE CHECK OR MONEY ORDER PAYABLE TO: <b>“DIRECTOR OF FINANCE”</b>		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.			
APPLICANT’S SIGNATURE		APPLICANT’S TITLE	
APPLICANT’S NAME (PRINT)		DATE	
<b>BCHD OFFICE USE ONLY</b>			
Business Code #:		Establishment Type:	
BCHD Reviewer:			Date: