



BALTIMORE CITY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 ENVIRONMENTAL INSPECTION SERVICES
 1001 E. Fayette Street
 Baltimore, Maryland 21202
 410-396-4428



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)

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|----------------------------|-------|---------------------------------------|---------|
| 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 EMPLOYEE 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 UNSANITARY 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 RECEPTACLES PER WEEK.
- MY BUSINESS WILL GENERATE MORE THAN THREE (3) THIRTY-TWO (32) GALLON COMMERCIAL TRASH RECEPTACLES 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 RECEPTACLES PER WEEK AND I HAVE A SMALL HAULER LICENSE AND WILL PROPERLY DISPOSE OF MY BUSINESS' TRASH. 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.

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|-------------------------|-----------------|---------------------------------|----|
| FACILITY TYPE/PRIORITY: | (BCHD USE ONLY) | FEE SUBMITTED WITH APPLICATION: | \$ |
|-------------------------|-----------------|---------------------------------|----|

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| MAKE CHECK OR MONEY ORDER PAYABLE TO: “DIRECTOR OF FINANCE” | MAIL TO: ENVIRONMENTAL INSPECTION SERVICES 1001 E. FAYETTE STREET BALTIMORE, MD 21202 |
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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): _____

BCHD OFFICE USE ONLY

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|------------------|---------------------|
| Business Code #: | Establishment Type: |
|------------------|---------------------|

Comments: _____

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| BCHD Reviewer: | Date: |
|----------------|-------|