



**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



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	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 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.

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 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.
 - 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.			
APPLICANT'S SIGNATURE		APPLICANT'S TITLE	
APPLICANT'S NAME (PRINT)			
BCHD OFFICE USE ONLY			
Business Code #:		Establishment Type:	
Comments:			
BCHD Reviewer:			Date: