



Montgomery County Department of Health and Human Services  
Licensure and Regulatory Services  
255 Rockville Pike, 1<sup>st</sup> Floor, Suite 100, Rockville, Maryland 20850  
Phone: 240-777-3986 Fax: 240-777-3088  
[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**FOOD SERVICE FACILITY LICENSE APPLICATION**  
(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

☐ New ☐ Renewal ☐ Change of Owner ☐ Name Change **TODAY'S DATE:** \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Email Address (**REQUIRED**): \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Number of Seats or Square Footage (if no seats): \_\_\_\_\_ Mail license to: Facility ☐ or Owner ☐

Does the Facility Provide Catering? Yes ☐ No ☐

Owner/Corporation Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address of Owner/Corporation: \_\_\_\_\_

Former Name of Facility (if applicable): \_\_\_\_\_ Working Hours and Days Open for Business: \_\_\_\_\_

**Water Supply:** Public ☐ On-Site/Well ☐

**Sewage:** Public ☐ On-Site/Septic System ☐

(NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-6300)

WSSC ☐ or City of Rockville / Poolesville ☐ Account Number: \_\_\_\_\_

**Workers' Compensation Insurance Company Name:** \_\_\_\_\_ **Policy/Binder No.:** \_\_\_\_\_

Check here ☐ if Sole proprietor. The business is a sole proprietorship with no employees. Members of a partnership or LLC, must apply for a Certificate of Compliance from the Worker's Compensation Commission (410-864-5100 or 800-492-0479). Check here ☐ if a Certificate of Compliance is on file in our office.

*If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).*

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (NOT the facility telephone number) Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

*Montgomery County Department of Health and Human Services must be notified when the emergency contact information changes.*

I hereby certify that the above information is accurate and complete:

Signature of Applicant: \_\_\_\_\_

Printed Name and Title of Applicant: \_\_\_\_\_

**Payment Method**

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard **CASH IS NOT ACCEPTED** Amount: \$ \_\_\_\_\_

Credit card payments fax to: 240-777-4531 (confidential fax line).

Credit Cardholder's Name: \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

**I agree to pay the indicated total amount according to card issuer agreement:**

Cardholder's Signature: \_\_\_\_\_

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

**OFFICE USE ONLY**

Receipt No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Check No./Money Order: \_\_\_\_\_ Expires: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## FEE SCHEDULE

Type of License	Fee
(A) Low Priority (Facilities that serve commercially packaged potentially hazardous foods directly to the consumer; or non-potentially hazardous food that is cut, assembled, or packaged on the premises, such as candy, popcorn, and baked goods; or hand dipped ice cream)	\$200.00
(B) Moderate Priority (Facilities that serve potentially hazardous food that is prepared requiring the food to pass through the temperature danger zone, 41°F to 135°F, one time before service, such as cooking, hot holding, and then serving; or facilities that cut, assemble, or package on the premises, such as meats)	\$375.00
(C) High Priority (Facilities that serve potentially hazardous food that is prepared a day or more in advance of service; or using food preparation methods that require the food to pass through the temperature danger zone, 41°F to 135°F, two or more times before service, such as cooking, cooling, and then reheating)	\$525.00
(D) Non-Profit Charitable Organization:	\$100.00
(E) Facility (Facilities other than Non-Profit Charitable Organizations that are also licensed as Private Schools, Hospitals, or Care Homes)	\$130.00
(F) Mobile Facilities, Event Series, or Seasonal or Pool Snack Bars operating for more than 14 days but less than 90 days with operating dates printed on the license:	\$175.00