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

TODAY’S DATE: __________________

☐ New  ☐ Renewal  ☐ Change of Owner  ☐ Name Change  Mail license to:*  ☐ Facility  ☐ Owner
*(If left blank, future notifications will be mailed to the facility)

Number of seats or square footage (if no seats): ______  Facility provides catering: ☐ Yes  ☐ No

Name of Facility: ____________________________

Address of Facility: ____________________________

(include street number, suite, street name, city, state and zip code)

Former Name of Facility (if applicable): ____________________________

Telephone No.: _________________________ (NOT Facility Telephone Number)  Fax No.: ______________________________

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: ______________________________________________________________________

Submit completed application and fee to address above.  CASH IS NOT ACCEPTED.  Checks/Money Orders payable to “Montgomery County, Maryland”.  Fee Paid: ________  Payment Method: (Select payment method)

☐ Check  ☐ Money Order  ☐ Visa  ☐ Master Card Only (complete information below)

□ Check or □ Money Order  □ Visa or □ Master Card Only (complete information below)

OFFICE USE ONLY

Receipt No.: _______________  Date Received: _______________  Amount Paid: _______________  Staff Initials: _______________

Check/Money Order No.: _______________  Credit Card Approval Code (MC/VISA): _______________

CREDIT CARD PAYMENT SECTION (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder’s Name: ____________________________  Credit Card No: _______________

Exp. Date: _______________  3 Digit Security Code: _______________ Amount: $ _______________

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

Cardholder’s Signature: __________________________________________________________________________

Revised on 3/15
<table>
<thead>
<tr>
<th>Type of License</th>
<th>Fee</th>
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<tbody>
<tr>
<td>(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)</td>
<td>$200.00</td>
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<td>(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)</td>
<td>$375.00</td>
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<td>(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)</td>
<td>$525.00</td>
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<td>(D) Non-Profit Charitable Organization:</td>
<td>$100.00</td>
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<td>(E) Facility (Facilities other than Non-Profit Charitable Organizations that are also licensed as Private Schools, Hospitals, or Care Homes)</td>
<td>$130.00</td>
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<tr>
<td>(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:</td>
<td>$175.00</td>
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