



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

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 or 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 or 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.: _____ Fax No.: _____ EMAIL: _____

Federal Tax Identification No. : _____ Working Days/Hours Open for Business: _____

Owner/Corporation Name: _____

Address of Owner/Corporation: _____

WATER SUPPLY: Public or On-Site/Well SEWAGE: Public or On-Site/Septic System

(NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-6319)

WSSC City of Rockville Poolesville

WORKERS' COMPENSATION INSURANCE COMPANY NAME AND POLICY/BINDER NO.: (Required every renewal).

 (NAME OF INSURANCE COMPANY)

 (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).

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 (must be completed by applicant)

Emergency Contact Name: _____

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 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: _____

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