Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
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Application for Permit to Operate a Food Service Facility

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03, Regulations Governing Food Service Facilities.

Please Print or Type

Date: ______________________________

Facility Name: ____

Facility Address: ____

____

Owner(s) of Business: ____

Corporate Name (if applicable): ____

Address for Permit to be sent if different from above:

____

____

Facility Phone #: _________________________________ Owner Phone #: _________________________________

Fax Number: ______________________________ Email: ____

Former Name of Facility (if applicable): ____

Type of Facility: ____

Normal Hours/Days Open for Business: ____

Check Applicable Lines

Operation Proposed: Permanent __________

Seasonal __________ From __________ To __________

Water Supply: Public __________ Private __________

Sewerage: Public __________ Private __________

Signature of Applicant:____Title: __________________

IF NOT PAYING IN PERSON AND USING VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW:		
VISA MasterCard DISCOVER ☐ VISA ☐ MASTERCARD ☐ DISCOVER		
CARD NUMBER	AMOUNT	
SIGNATURE	EXP. DATE (MM/YYYY)	3 DIGIT SECURITY CODE

MAIL APPLICATION TO: **WASHINGTON COUNTY ENVIRONMENTAL HEALTH**
1302 PENNSYLVANIA AVENUE
HAGERSTOWN, MD 21742

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STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section I-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers' Compensation laws indicating the employer's Workers' Compensation insurance policy or binder number.

Circle the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application.

1. I have Workers' Compensation Insurance.

   Insurance Company ______________________________

   Policy or Binder number ______________________________

2. A waiver has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE WAIVER.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' Compensation Insurance. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE.)

______________________________ Date

______________________________ Signature

______________________________ Company Name

______________________________ Title

______________________________ Address

______________________________ Type of License

______________________ City ____ St ________ Zip