

Instructions Mobile Food Service Facility License Application

Mobile Food Service Facility Name: Indicate the name of the business that will be placed on the outside of the vehicle/cart.

Business Owner Name, Email, Mailing Address and Phone Number: Complete all information for the business owner.

Corporation Name, Address and Phone Number: Complete Corporation information, if applicable.

Vehicle Storage Address: Indicate where the vehicle/cart/trailer will be parked during non-business hours.

Base of Operations Location: Indicate the location where food and other supplies are stored; potable water is obtained; wastewater, trash, and grease are disposed of; and/or ware washing is conducted.

Make, Model #, Color and Year: Indicate the manufacturer's name, model number (if applicable), color and year of the vehicle/cart/trailer.

License Plate Number and State: Indicate the license plate number and State of licensure.

Serial Number (VIN): Indicate the vehicle identification number located on your vehicle registration card and on the dashboard of the vehicle.

Special Markings: Indicate any markings, illustrations or numbers on the outside of the vehicle.

Menu: Indicate the types of food served on the mobile unit.

Refrigeration: Indicate if refrigeration is available and the type of refrigeration utilized, if applicable.

Route or Location: Indicate the area of the County where you will be operating or a specific location.

Unit Movement: Indicate yes or no. If no, describe the reason for lack of routine movement.

Federal ID#: Indicate the number issued to the business owner by the Internal Revenue Service.

Nonprofit/Exempt: You must provide a letter from the IRS as proof of nonprofit status to be fee exempt.

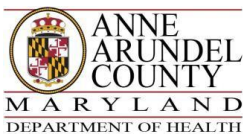
Seasonal Operation: Indicate yes or no. If yes, indicate dates/months of the year you will be operating.

NOTE: Please sign and date application. Below signature line, please print applicant's name and address.

MAKE CHECKS PAYABLE TO: CONTROLLER, ANNE ARUNDEL COUNTY.

Complete and remit the application and all appropriate enclosed forms in this packet with the application fee to the address located at the top of the application form.

PLEASE NOTE: LICENSE EXPIRES ON THE LAST DAY OF FEBRUARY EACH YEAR.



FOOD SERVICE FACILITY - LICENSE APPLICATION
FOOD PROTECTION SERVICES
BUREAU OF ENVIRONMENTAL HEALTH
ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH
3 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401
(410) 222-7192

MOBILE UNIT

MOBILE FOOD SERVICE FACILITY NAME: _____

BUSINESS OWNER: _____ BUSINESS OWNER'S E-MAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

CORPORATION NAME (If applicable): _____

CORPORATION MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

VEHICLE STORAGE ADDRESS: _____

BASE OF OPERATIONS LOCATION: _____

MAKE: _____ MODEL NUMBER: _____ COLOR: _____ YEAR: _____

LICENSE PLATE NUMBER AND STATE: _____ VIN NUMBER: _____

SPECIAL MARKINGS (NAME, NUMBER, ETC.): _____

MENU: _____

REFRIGERATION: () YES NO () IF REFRIGERATION, TYPE: () ICE () MECHANICAL

ROUTE OR LOCATION: _____

DO YOU MOVE YOUR UNIT ON A ROUTINE BASIS: YES () NO () IF NO, PLEASE EXPLAIN:

FEDERAL ID#: _____ NONPROFIT/EXEMPT: ☐ YES ☐ NO (IF YES, PROVIDE IRS DOCUMENTATION FOR FEE EXEMPTION

SEASONAL OPERATION: YES () NO () IF YES, DATES OF OPERATION: _____

ISSUANCE OF THIS LICENSE IS CONDITIONED ON THE APPLICANT'S CONSENT TO INSPECTIONS; THAT SUCH INSPECTIONS WILL FOCUS ON DETERMINING LICENSEE'S COMPLIANCE WITH THE LAWS AND REGULATIONS RELATED TO THE LICENSE; THAT INSPECTIONS WILL BE CONDUCTED AT REASONABLE TIMES UNLESS THE HEALTH OFFICER HAS REASON TO BELIEVE THAT VIOLATIONS ARE OCCURRING THAT CAN ONLY BE DETECTED AT OTHER TIMES; THAT FAILURE TO ALLOW INSPECTIONS MAY RESULT IN SUSPENSION OR REVOCATION OF THE LICENSE/PERMIT, IN ADDITION TO ALL OTHER REMEDIES PERMITTED BY LAW.

APPLICANT SIGNATURE/TITLE _____ DATE _____

PRINT NAME & ADDRESS _____

FOR OFFICE USE ONLY

AREA: _____	() NEW	\$ 395.00
HACCP PRIORITY: _____	() HACCP PLAN REVIEW (High/Moderate Priority Only)	\$ 750.00
ID# _____	() RECIPROCITY (No HACCP Fee)	\$ 300.00
DATE APPROVED _____	() EXEMPT	\$ 0.00
INSPECTOR _____		

(revised 2/2024)



STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may be issued to an employer, the employer shall file with the issuing authority the workers' compensation insurance policy or binder number or provide a Certificate of Compliance obtained from the Maryland Workers' Compensation Commission (WCC). Employers that are not required to, and do not carry workers' compensation insurance, must submit an [Application for Certificate of Compliance](#) to the WCC. Upon receipt of the application, a Certificate of Compliance or a letter of exemption will be issued by the WCC. Please contact the WCC for more information at (410) 864-5297, Monday through Friday, from 8:00 a.m. to 4:30 p.m.

Circle the number of the option below which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

1. I have workers' compensation insurance for my covered employees.

Name of Insurance Company _____

Policy or Binder Number _____

2. I am a member of a limited liability company or an officer of a corporation and I have no covered employees. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)
3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)
4. I am a sole proprietor or a partner in a business and have no covered employees. (Attach a copy of the **LETTER OF EXEMPTION** from the Workers' Compensation Commission)

Type of License (Please check):

- ☐ Permanent Food Service Facility ☐ Mobile Food Service Facility ☐ Mobile Reciprocity Food Service Facility
☐ Temporary Food Service Facility ☐ Campground ☐ Mobile Home Park ☐ Public Pools and Spas
☐ Exotic Bird Facility

I solemnly affirm under the penalties of perjury that the information provided on this form is true.

Printed Name of Applicant

Applicant's Title in the Business

Street Address of Business

City, State and ZIP Code of Business

Signature of Applicant

Date of Signing

Mobile Food Service Facility Acknowledgement Form

"Mobile food service facility" means a food service facility that is a mechanically, electrically, manually, or otherwise propelled vehicle operating on land or water that moves as part of its routine operation to:

1. Change location for sales;
2. Obtain food and other supplies;
3. Fill potable water supply holding tanks;
4. Empty wastewater holding tanks; or
5. Provide for the cleaning and sanitization of equipment and utensils.

"Mobile food service facility" **does not** include a food service facility that is able to be moved but does not move routinely for a purpose as indicated in 1 through 5 above and all food and beverage preparation procedures must be performed within the interior of the unit.

A Base of Operations is required for High, Moderate and Low Priority mobile food service facilities (excluding those that offer **only** prepackaged frozen desserts) and must be a licensed food service facility which provides the following:

1. A source of potable water, potable water hoses, and clean connections;
2. A method for disposal of sewage (wastewater);
3. Clean, adequate, and covered trash receptacles; and, if necessary
4. Refrigerated and dry food storage areas; and
5. A utensil washing facility.

A letter or form from the Commissary Base of Operations must include the name of facility, location and type of facility, food service facility license number, phone number and contact person as well as authorization to use the facility for the above reasons. A Commissary or Base of Operations Authorization Form is provided in this application packet for your convenience and can be found [HERE](#). Individuals applying for a Mobile Reciprocity license may NOT use the Anne Arundel County Base of Operations Authorization Form. A Commissary or Base of Operations Authorization Form or a letter **from the Mobile Reciprocity's County of Origin** must be submitted with the application.

I have read and understand the above definition of a mobile food service facility. I agree that the mobile food service facility that I am applying for licensure follows this definition.

Name of Mobile Food Service Facility: _____

Name of Applicant (Printed): _____

Signature of Applicant: _____ Date: _____

Commissary or Base of Operation Authorization Form (Not for Mobile Reciprocity Facilities)

This serves to notify the Anne Arundel County Department of Health that:

I, _____ the owner/operator of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

Attach a copy of the Food Service Facility License to this application

Name of Commissary or Base of Operation			
Address of Commissary or Base of Operation			
Name of Owner/Licensee			
Days/Hours of Operation			
Day Phone		E-mail Address	
Water Supply	__Public __Private	Sewage Disposal	__Public __Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

The following services are provided for the Mobile Food Establishment by the _____ (Jurisdiction) Department of Health regulated food facility serving as commissary. Note: If you answer 'No' to any of the items below please explain.

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the food facility's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked. () Yes () No	5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of food facility or preparation will be completed at alternate time of day. If Yes, describe. () Yes () No
2. Potable (drinking) water for filling water tanks. () Yes () No	6. Sanitary disposal of waste water and grease. () Yes () No
3. A three compartment sink for sanitizing utensils. () Yes () No	7. Disposal of garbage and refuse. () Yes () No
4. Hot and cold potable water under pressure for cleaning. () Yes () No	8. Storage of vehicle/cart. () Yes () No

Signature of Commissary Operator

Print Name

Date

I, _____ (owner or operator) of the mobile food establishment noted above agree to use this food facility as a commissary for servicing on a daily basis. I will use the commissary for the requirements noted above. If I do not use the commissary, my Anne Arundel County Department of Health food service facility license may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the Anne Arundel County Department of Health.

Signature of Mobile Food Establishment Owner/Licensee

Print Name

Date

PRIORITY ASSESSMENT

In order to properly classify your food service facility, the Anne Arundel County Department of Health requires that all operators carefully review and provide the following information.

Please check off **ALL** preparation processes that you utilize at your Food Service Facility:

PRIORITY 3 – Low

- ☐ Commercially packaged, potentially hazardous products that are served directly to the customer
- ☐ Non-potentially hazardous food that is cut, assembled or packaged on the premises, such as candy, popcorn and shelf stable baked goods
- ☐ Hand dipped ice cream

PRIORITY 2 – Moderate

- ☐ Potentially hazardous food that is cut, assembled or packaged on the premises, such as meats and deli products as well as raw seed sprouts, cut tomatoes, cut melon and cut leafy greens

cold hold – prepare – serve
prepare – cold hold – serve
- ☐ Potentially hazardous food that is prepared using methods that require it to pass through the temperature range of 41°F to 135°F not more than one time

cook – serve
cook – hot hold – serve
Leftovers are discarded

PRIORITY 1 – High

- ☐ Potentially hazardous food that is prepared a day or more in advance of service
- ☐ Potentially hazardous food that is prepared using methods that require the food to pass through the temperature range of 41°F - 135°F two or more times

cook – hot hold – cool – cold hold – serve
cook – cool – reheat – hot hold – serve
Foods are cooled for further preparation or leftovers are reused

Facility Name _____ Former Facility Name _____

Home Address _____

Name (Print) _____ Signature _____ Date _____

Phone Number(s) _____ Email Address _____