

Instructions for Completing the Permanent Food Service Facility License Application

Complete the entire application to apply for a permanent food service facility license from the Anne Arundel County Department of Health. Information listed below corresponds to the items listed on the application.

Facility Name and Address: Write the facility name and address.

Facility Phone Number: Indicate the telephone number at the facility.

Business Owner: This is the legal tax name. If incorporated or corporate, write the name of corporation.

Business Owner's Email Address: Indicate the email address for the business owner.

Mailing Address: Indicate the address of where to receive business correspondence.

Business Owner Phone Number: Indicate telephone number other than at facility. (e.g., private number, cell phone number).

Property Owner: If property owner is known, indicate name, address and phone number. If not known, indicate management company name, address and phone number.

Corporate Officer or Resident Agent: Indicate names, addresses, email addresses and phone numbers of corporate or business officer(s) or resident agent of this facility.

Property Tax Account Number: Obtain from owner or management company. PLEASE PROVIDE. THIS INFORMATION IS ESSENTIAL FOR RECORD KEEPING SYSTEMS.

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

Food Service Types: Indicate which type applies to the business. If seasonal, indicate dates of operation.

Water: Indicate whether the facility is on public water or private well. (**NOTE:** If on private well, certified laboratory testing is required, and results must be submitted to this department).

Sewer: Indicate whether the facility is on public sewer or on a septic system.

Grease Trap or Recovery: Indicate whether the facility uses a grease trap (a tank located outside the building in the ground) or a grease recovery unit (an electrically powered grease recovery device usually located under the three-compartment sink).

Seating: Indicate whether there is seating. If so, indicate the number of seats.

Smoking Prohibited: Establishment owner shall prohibit smoking in indoor areas open to the public and post "No Smoking" signs at every public entrance. For more information on Maryland's Clean Indoor Air Act of 2007 and free signage visit: <https://phpa.health.maryland.gov/OEHFP/EH/Pages/clean-indoor-act.aspx>

Days and Hours of Operation: Indicate days of the week and appropriate times for those days of operation (e.g., Sunday 10 a.m. – 4 p.m., Monday - Saturday 8 a.m. – 6 p.m.).

NOTE: Sign and date application. Below signature line, print applicant's name, address, phone number and date.

ALL CHECKS ARE PAYABLE TO CONTROLLER, ANNE ARUNDEL COUNTY.

Mail or deliver the following to the address located at the top of the application.

- Food Service Facility application
- Workers' Compensation form
- Change of Ownership forms
- Priority Assessment form
- All appropriate fees (see bottom right corner of application). Please contact this office if you require assistance in determining correct fees.

Submit application and form(s) 10 business days prior to operation to the Anne Arundel County Department of Health.

Plans for new food service facilities or plans for food service facilities with any changes being made should be sent or brought to the Permit Center, Heritage Center, 2664 Riva Road, Annapolis, MD 21401. Contact 410-222-7700.

Food service facilities undergoing a change of ownership with a change of name only (no structural changes are being made to the facility) must apply for Change of Tenant building permit at the Permit Center, location noted above.

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

For more information, contact:

Food Protection Services

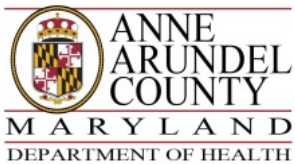
Bureau of Environmental Health

Anne Arundel County Department of Health

3 Harry S. Truman Parkway,

Annapolis, Maryland 21401

410-222-7238



**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
410-222-7238**

Permanent Facility

(Please Print)

Facility Name: _____

Facility Address: _____

City/State/ZIP: _____ **Facility Phone Number:** _____

Business Owner: _____ **Business Owner's Email:** _____

Mailing Address: _____

City/State/ZIP: _____ **Business Owner's Phone Number:** _____

Property Owner: _____

Address: _____ **Property Owner's Email:** _____

City/State/ZIP: _____ **Property Owner's Phone Number:** _____

Corporate Officers or Resident Agents: _____

Address: _____ **Email Address:** _____

City/State/ZIP: _____ **Phone Number:** _____

Property Tax Account #: _____ - _____ - _____ **Federal ID#:** _____

Food Service Types:

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Catering | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Institution |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Grocery | <input type="checkbox"/> Cafeteria/Deli | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Tavern | <input type="checkbox"/> Carry-Out | <input type="checkbox"/> School | <input type="checkbox"/> Health Care Facility |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Seasonal (Dates of Operation) _____ | | |

Water: Public Private **Grease Trap:** Yes No **Seating:** Yes No
Sewer: Public Private **Grease Recovery:** Yes No **Define No. of Seats:** ()

Do you prohibit smoking in all indoor areas open to the public? _____

Are signs posted prohibiting smoking? _____

Days and hours of operation: _____

Issuance of this license/permit is conditioned on the applicant's consent to inspections; that such inspections will focus on determining licensee's/permittee's compliance with the laws and regulations related to the license/permit; 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 and Address: _____ **Phone:** _____

FOR OFFICE USE ONLY
AREA: _____
HACCP PRIORITY: _____
ID#: _____
DATE APPROVED: _____
INSPECTOR: _____

___ New	___ Change of Ownership	
<input type="checkbox"/> High/Priority		\$590.00
<input type="checkbox"/> Moderate Priority		\$395.00
<input type="checkbox"/> Low Priority		\$195.00
<input type="checkbox"/> High/Priority <4 Months		\$395.00
<input type="checkbox"/> Moderate Priority <6 Months		\$195.00
___ Structural Plan Review		
<input type="checkbox"/> High/Priority		\$750.00
<input type="checkbox"/> Moderate Priority		\$750.00
<input type="checkbox"/> Low Priority		\$500.00
___ HACCP Plan Review		
<input type="checkbox"/> High Priority		\$750.00
<input type="checkbox"/> Moderate Priority		\$750.00
___ Exempt		\$0.00