

**WICOMICO COUNTY HEALTH DEPARTMENT**

**ENVIRONMENTAL HEALTH**

108 East Main Street, Salisbury, Maryland 21801

Phone (410) 546-4446

*Application for License 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.

**THE YEARLY FEE FOR COMMERCIAL FACILITIES WITH HIGH OR MODERATE RISK ASSESSMENT IS \$200.00**

**THE YEARLY FEE FOR COMMERCIAL FACILITIES WITH LOW RISK ASSESSMENT IS \$150.00**

**THERE IS NO FEE OR LICENSE FOR EXCLUDED, BONAFIDE NONPROFIT ORGANIZATIONS AS DEFINED BY  
COMAR 10.15.03.02B(6) & (20)**

**PLEASE PRINT OR TYPE**

FACILITY NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FACILITY STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

**IF CORPORATION PROVIDE NAMES, ADDRESSES, PHONE # ON BACK OF FORM**

(CHECK ALL THAT APPLY)

PRE-PACKAGED \_\_\_\_\_ CARRY-OUT ONLY \_\_\_\_\_ FULL SERVICE \_\_\_\_\_ CATERING \_\_\_\_\_ NON PROFIT \_\_\_\_\_

SEATING CAPACITY \_\_\_\_\_ NORMAL HOURS & DAYS OF OPEATION \_\_\_\_\_

WATER SUPPLY: ( ) PUBLIC ( ) PRIVATE SEWAGE: PUBLIC \_\_\_\_\_ PRIVATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ POSITION \_\_\_\_\_

PLEASE PRINT APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICIAL USE ONLY:** \_\_\_\_\_ FACILITY NUMBER \_\_\_\_\_

DATE LICENSE ISSUED \_\_\_\_\_ SANITARIAN \_\_\_\_\_

PRIORITY ASSESS HIGH MODERATE LOW

DATE PAID \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ RECEIPT # \_\_\_\_\_ CHECK  
# \_\_\_\_\_