



**Public Health**  
Prevent. Promote. Protect.

**Harford County  
Health Department**

**Harford County Health Department**  
120 S. Hays Street  
Bel Air, MD 21014  
410-877-2305/410-879-2684  
FAX # 443-643-0333  
[www.harfordcountyhealth.com](http://www.harfordcountyhealth.com)

Application is hereby made to operate a food service facility in accordance with Resolution No. 10-89.  
Please print or type clearly. Both sides of the application must be completed.  
**INCOMPLETE/ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED.**

**Please write on lines below:**

**Name of Facility:** \_\_\_\_\_

**Address of Facility:** \_\_\_\_\_

**Phone No. of Facility:** \_\_\_\_\_

**Fax No. of Facility:** \_\_\_\_\_

**Mailing Address (Where do you want the license to be mailed?):**

\_\_\_\_\_  
\_\_\_\_\_

**Ownership of Facility:** \_\_\_\_\_

**Address of Owner:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone No. of Owner:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Type of Water Supply: Public or Well** \_\_\_\_\_

**Type of Sewage Disposal System: Public or Septic** \_\_\_\_\_

**Presence of Grease Interceptor \*: Yes or No** \_\_\_\_\_

**\*NOTE: If there is a grease interceptor located on the property, the most recent pump out invoice must be submitted with this application.**

**(SEE REVERSE)**

**OFFICIAL USE ONLY**

---

I.D. NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

CATERER NUMBER \_\_\_\_\_ TYPE OF FACILITY \_\_\_\_\_

PRIORITY \_\_\_\_\_ RESTRICTIONS/SPECIAL NOTES \_\_\_\_\_

Does this facility have a Liquor License? \_\_\_\_\_

Does this facility offer off premises catering? \_\_\_\_\_

Does this facility operate seasonally? \_\_\_\_\_

What Months Do You Operate? \_\_\_\_\_

\_\_\_\_\_

How many total seats are there? \_\_\_\_\_

How many total employees? \_\_\_\_\_

Day/Hours of operation? \_\_\_\_\_

\_\_\_\_\_

**STATEMENT OF WORKERS' COMPENSATION INSURANCE**

The Annotated Code of Maryland, Health-General Article §1-202, requires compliance with the Workers' Compensation Act. It specifically states, "Before any license or permit may be issued under this article to an employer to engage in an activity in which the employer may employ a covered employee, as defined in §9-101 of the Labor and Employment Article, the employer shall file with the issuing authority: (1) A certificate of compliance with the Maryland Workers' Compensation Act; or (2) The number of a workers' compensation insurance policy or binder."

**CHECK THE OPTION THAT APPLIES**

(Provide all requested documentation)

\_\_\_\_\_ I have workers' compensation insurance.

*Attach a copy of the insurance policy's declaration page.*

\_\_\_\_\_ A Certificate of Compliance has been received from the Workers' Compensation Commission.

*Attach a copy of the Certificate or Letter.*

\_\_\_\_\_ This business does not and will not employ a covered employee, as defined in §9-101 of the Labor and Employment Article. **(The applicant should consult legal counsel if the applicant is unsure whether an employee is considered covered under the Workers Compensation Act.)**

\_\_\_\_\_ I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission.

*Attach a copy of the certificate of compliance.*

**I certify that the above information is correct to the best of my knowledge.**

X \_\_\_\_\_  
Signature **(Required)**

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Print Name/Title **(Required)**

X \_\_\_\_\_  
Phone Number **(Required)**