Public Health
Prevent. Promote. Protect.
Harford County
Health Department

**HCHD Environmental Health**
**120 S. Hays Street**
**Bel Air, MD 21014**
**410-877-2300**
**FAX # 443-643-0333**
**hchd.inbox@maryland.gov**

# APPLICATION FOR A MOBILE RECIPROCITY FOOD SERVICE FACILITY LICENSE

**Application is hereby made to operate a mobile food service facility in accordance with Resolution 10-89.**
No storage, food preparation or cooking is permitted from a home or an unlicensed facility.

Provide the following documents for approval of a reciprocity mobile Food Service Facility License and complete page 2 of this application.

- ☐ **Copy of the Food Service Facility License issued by the 'County of Origin' for your Mobile Unit**
- ☐ **Copy of the most recent Local Health Department (LHD) Inspection Report for your Mobile Unit.**
- ☐ **Fire Suppression Certification Tag.** (if applicable)
- ☐ **Workers' Compensation document. (Certificate of Insurance which indicates Workers' Compensation Insurance).** *Verification of Worker's Compensation insurance is required by Maryland Health – General Code Annotated, Section 1-202. You must attach a copy of any waivers or certificates of compliance to this application.*
- ☐ **Applicable fee of $150.** Make checks or money orders payable to Harford County Health Department. For Credit Card payments, complete the enclosed Credit Card Authorization form.
- ☐ **Commissary or Base of Operations Authorization Document.** (Signed copy of the **current** lease/agreement indicating approval for the use of this commissary.)
- ☐ **Copy of your commissary's current food service facility license.** Commissary must be located in your county of origin. Mobile Units may only operate within 90 miles of their base of operations.

**For First Time Reciprocity ONLY:** (The following documents are not needed for **renewing** a reciprocity license)

- ☐ **Copy of Vehicle Registration.**
- ☐ **Copy of Electrical Certification.** *An inspection by Harford Co. Electrical Services, or an equivalent agency, is **required** prior to operating in Harford Co. – Contact Electrical Services at **410-638-3363, ext. 1414** for more information.*
- ☐ **MD State Fire Marshal Inspection Report.** (if mobile unit is equipped with an exhaust hood system)
- ☐ **Menu and approved HACCP Plan.**

**NOTE**: A valid **Harford County Peddler License** is required to operate in Harford County. Contact the Clerk's Office at 410-638-3248 for more information.

The Harford County Health Department reserves the right to deny an incomplete or fraudulent license application. A license application received without the required fee and documentation will not be processed.

**Mobile Type:** ◯ Mobile Trailer Unit ◯ Mobile Truck ◯ Push Cart ◯ Pre-Packaged Ice Cream Only

**Please complete the second page of this application prior to submitting to our office.**

| | | |
|---|---|---|
| **OFFICIAL USE ONLY** | **License #:** _____ | **Date Issued:** _____ |
| | **Approved by:** _____ | **Date Approved:** _____ |

# APPLICATION FOR A MOBILE RECIPROCITY FOOD SERVICE FACILITY LICENSE

Mobile Unit "Trading As" Name: _____

Vehicle Tag Number: _____ State: _____

Vehicle Identification Number: _____ Make and Model: _____

Type of Mobile Unit: _____

Owner of Business: (LLC or INC if applicable) _____

Owner's Telephone Number: _____ Contact Person: _____

Owner's Address: _____

Email Address: _____

Mailing Address: _____

Food Items Sold: _____

Months/Days/Hours of Operation: _____

Site(s) of Operation/Route: _____

Commissary Name: _____

Commissary Address: _____

Commissary County and State: _____

Source of Water: _____

"Clean" Water Tank Size: Cold(gallons): _____ Hot(gallons): _____

"Dirty" Water Tank Size: _____

Grey Water Disposal Method: _____

Power Source: _____

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

**X**_____ **X**_____
**Signature (Required)** **Date**

**X**_____ **X**_____
**Print Name/Title (Required)** **Phone Number (Required)**