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

HCHD Environmental Health
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APPLICATION FOR A MOBILE 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 Mobile Food Service Facility License and complete page 2 of this application.

- ☐ **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.** Make checks or money orders payable to Harford County Health Department. For Credit Card payments, complete the enclosed Credit Card Authorization form. (Fee based on facility priority assessment)
- ☐ **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.** Mobile Units may only operate within 90 miles of their base of operations.

The following documentation should have been received by our office during the Plan Review process. If you have not submitted the following, please include with this application:

- ☐ **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 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)**