



Montgomery County Department of Health and Human Services

Licensure & Regulatory Services

2425 Reedie Drive, 9th Floor, Wheaton, Maryland 20902

Phone: 240-777-3986 / Fax: 240-777-3088 or 240-777-4531

www.montgomerycountymd.gov/licensure

FOOD SERVICE FACILITY LICENSE

NEW APPLICATION, CHANGE OF LOCATION, OR CHANGE OF OWNERSHIP:

- ☐ APPLICATION
- ☐ A COPY OF THE WORKERS' COMPENSATION CERTIFICATE OF LIABILITY **or** CERTIFICATE OF COMPLIANCE
- ☐ MENU
- ☐ HACCP PLAN (if applicable)
- ☐ IRS 501(c)(3) LETTER (for Non-Profit)
- ☐ LEASE AGREEMENT (for using shared kitchen)
- ☐ WELL AND SEPTIC INSPECTION REPORT (if applicable)

RENEWALS:

- ☐ APPLICATION
- ☐ A COPY OF THE WORKERS' COMPENSATION CERTIFICATE OF LIABILITY **or** CERTIFICATE OF COMPLIANCE
- ☐ IRS 501(c)(3) LETTER (for non-profit)
- ☐ WELL AND SEPTIC INSPECTION REPORT (if applicable)



FOOD SERVICE FACILITY LICENSE APPLICATION
LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON

Today's Date:

☐ New ☐ Renewal ☐ Change of Owner ☐ Name Change

Mail License To: * ☐ Facility ☐ Owner

*If left blank, future notifications will be mailed to the facility

Number of seats or square footage (if no seats): Facility provides catering: ☐ Yes ☐ No

Name of Facility:

ADDRESS OF FACILITY:

Street #: Street Name: Suite #:

City: State: Zip Code:

Former Name of Facility (if applicable):

Name of Owner:

Telephone #: Fax #: Federal Tax ID #:

Email Address:

DAYS AND HOURS OF OPERATION:

MONDAY:	From	To	FRIDAY:	From	To
TUESDAY:	From	To	SATURDAY:	From	To
WEDNESDAY:	From	To	SUNDAY:	From	To
THURSDAY:	From	To			

Owner/Corporation Name:

ADDRESS OF OWNER/CORPORATION:

Street #: Street Name: Suite #:

City: State: Zip Code:

Please continue to complete Page 2 of the Food Service Facility License Application

WATER SUPPLY: ☐ Public ☐ On-Site/Well **SEWAGE:** ☐ Public ☐ On-Site/Septic System

(NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-0311)

☐ WSSC: ☐ City of Rockville ☐ Poolesville

WORKERS' COMPENSATION INSURANCE (Required every renewal):

COMPANY NAME:

POLICY/BINDER #:

☐ **Check here if sole proprietor.** The business is a sole proprietorship with no employees. Members of a partnership or LLC must apply for a Certificate of Compliance from the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

EMERGENCY CONTACT INFORMATION

(Must be Completed by Applicant)

Emergency Contact Name:

Telephone # (NOT Facility Telephone #):

Fax #:

Emergency Contact's Email:

NOTE: Montgomery County Department of Health & Human Services must be notified when the emergency contact information changes.

I hereby certify that the above information is accurate and complete:

Printed Name of Applicant:

Printed Title of Applicant:

Signature of Applicant:

FEES

Type of License	Fee
Low Priority (Facilities that serve commercially packaged potentially hazardous foods directly to the consumer; or non-potentially hazardous food that is cut, assembled, or packaged on the premises, such as candy, popcorn, and baked goods; or hand dipped ice cream).	\$200.00
Moderate Priority (Facilities that serve potentially hazardous food that is prepared requiring the food to pass through the temperature danger zone, 41°F to 135°F, one time before service, such as cooking, hot holding, and then serving; or facilities that cut, assemble, or package on the premises, such as meats).	\$375.00
High Priority (Facilities that serve potentially hazardous food that is prepared a day or more in advance of service; or using food preparation methods that require the food to pass through the temperature danger zone, 41°F to 135°F, two or more times before service, such as cooking, cooling, and then reheating).	\$525.00
Non-Profit Charitable Organization.	\$100.00
Facility (Facilities other than Non-Profit Charitable Organizations that are also licensed as Private Schools, Hospitals, or Care Homes).	\$130.00
Mobile Facilities, Event Series, or Seasonal or Pool Snack Bars that are operating for more than 14 days but less than 90 days with operating dates printed on the license.	\$175.00

Please continue to complete Page 3 of the Food Service Facility License Application

PAYMENT METHOD

Submit completed application and fee to: **Licensure & Regulatory Services**, 2425 Reedy Drive, 9th Floor, Wheaton, Maryland 20902.

Checks/Money Orders payable to "Montgomery County, Maryland" or pay by Mastercard, VISA or checking card.

CASH IS NOT ACCEPTED.

SELECT TYPE OF PAYMENT METHOD BELOW☐

Check

☐

Money Order

☐

Mastercard

☐

VISA

CREDIT CARD PAYMENT SECTION

Credit Cardholder's Name:

Credit Card #:

Exp Date:

3-Digit Security Code:

Amount: \$

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature:

OFFICE USE ONLY

Receipt #:

Date Received:

Amount Paid: \$

Staff Initials:

Check/Money Order #:

Credit Card Approval Code MC/VISA):