

**QUEEN ANNE'S COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH
206 N. COMMERCE ST.
CENTREVILLE, MARYLAND 21617
PHONE: 410-758-2281 FAX 410-758-6602**

APPLICATION FOR ANNUAL PERMIT TO OPERATE A FOOD SERVICE FACILITY

FACILITY NAME _____ DATE _____

MAILING ADDRESS _____

TOWN _____ MARYLAND ZIP CODE _____

OWNER OF BUSINESS _____

PHONE NUMBERS: FOOD SERVICE FACILITY _____ OWNER'S _____

FORMER NAME _____

NORMAL HOURS/DAYS OPEN FOR BUSINESS _____

EXACT LOCATION _____

(NEAREST INTERSECTION RDS./STS. & TOWN)

CHECK APPLICABLE BLOCKS:

OPERATION PROPOSED: PERMANENT SEASONAL TEMPORARY

FROM _____ FROM _____

TO _____ TO _____

WATER SUPPLY: PUBLIC PRIVATE

SEWAGE: PUBLIC PRIVATE

SIGNATURE OF APPLICANT _____ POSITION _____

FEE: Annual fee for each Food Service Facility-Fee must accompany application. Call for fee. Make checks payable to the Queen Anne's County Health Department. All applications must be returned within 30 days.

OFFICIAL USE ONLY:

Date Issued: _____

Computer File # _____ QA# _____

Remarks: _____