



MOBILE FOOD SERVICE FACILITY APPLICATION FOR RECIPROCITY

Queen Anne's County Environmental Health
206 N Commerce Street
Centreville, MD 21617
Phone: 410-758-2281 // Fax: 410-758-6602
E-mail: qac.env@maryland.gov

Instructions

The following documentation must be provided with this application:

- Copy of Food Service Facility license issued from 'County of Origin'*
- County of Origin Base of Operation Agreement
- Copy of menu and approved HACCP plan
- Photos of mobile unit (interior and exterior)
- Annual License Fee: \$250 = High Priority // \$200 = Moderate Priority // \$100 = Low Priority

(*Note: A current 'County of Origin' Food Service License is required for a mobile unit to qualify for a Reciprocity license)

Type of Mobile Unit Application (check one)

Motor Vehicle Trailer Push Cart

Owner Information

Sole Proprietor Corporation Partnership Other _____

Mobile Unit Information

Mobile Unit Name: _____ Owner: _____ Phone: _____

Owner E-mail Address: _____

Mailing Address: _____ City: _____ Zip: _____

License Plate Number/State: _____ Vin Number: _____

Operation: Yr round Seasonal

Certificate of Compliance Workers' Compensation Insurance

Maryland Health-General Annotated Code, §1-202, requires that before any license or permit be issued 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; (2) or the number of a workers' compensation insurance policy or binder.

Circle the number of the option which applies to you/your business and provide the requested information:

1. I have Workers' Comp Insurance: Insurance Name: _____ Insurance Policy No.: _____
2. A waiver has been received from the MD Workers' Compensation Commission. (Attached Copy of Waiver)
3. As provided, I am exempt from having Workers' Compensation insurance. (Attach Copy of the Compliance Certificate)
4. I am self-insured. Approval of self-insurance has been received from the Worker's Compensation Commission. (Attach Copy of the Compliance Certificate)
5. I am self-employed. I have no employees.

Applicant Signature: _____ Date: _____

ENVIRONMENTAL HEALTH OFFICE ONLY

License Fee: _____ Receipt #: _____ Date Received: _____

License #: _____ Env. Specialist: _____