



MOBILE FOOD SERVICE FACILITY APPLICATION

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

Mobile food service facility: A food service facility that is a mechanically, electrically, manually or otherwise propelled vehicle operating on land or water that moves as part of its routine operation to: (1) Change location for sales; (2) Obtain food and other supplies; (3) Fill potable water supply holding tanks; (4) Empty wastewater holding tanks; or (5) Provide for the cleaning and sanitization of equipment and utensils.

Instructions

- To apply, you must fill out this application/base of operations form and, if a new applicant, the Mobile Unit Plan Review Packet.
- A licensed base of operations is required to operate a mobile food service facility. (Form attached)
- Fee is determined based on the priority assessment of the facility: High = \$250/yr Moderate = \$200/yr Low = \$100/yr
- Licenses are not transferrable from one person to another or from one food service facility to another.

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: _____



MOBILE UNIT BASE OF OPERATION AGREEMENT

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Base of operations: A licensed food service facility that is used by the owner or operator of a mobile food service facility for food storage, potable water, safe disposal of waste and sewage, and, if necessary, utensil washing.

Instructions

- **Base of Operation Owner/Operator:** Complete this form, verifying base of operation information, services mobile unit operator has permission to utilize and provide your signature.
- **Mobile Unit Owner/Operator:** Submit this form with the Mobile Food Service Facility Application

Mobile Unit Information

Mobile Unit Name: _____ Owner: _____

Length of Agreement w/Base of Operations: Monthly 6 Months 1 Year N/A (I am the owner) Other _____

Base of Operation Information

Base of Operation Name: _____

Base of Operation Owner/Operator: _____ Phone: _____

E-mail Address: _____

Street Address: _____ City: _____ Zip: _____

Days/Hours of Accessibility: _____

Expiration of Current (Health Dept Issued) License: _____

Water Supply: Public Private

Sewer/Septic: Public Private

Grease Trap: Yes No

Base of Operation Services

Services that will be provided (select ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> Approved potable water supply | <input type="checkbox"/> Food preparation area |
| <input type="checkbox"/> Wastewater/refuse disposal | <input type="checkbox"/> Food storage area (designated) |
| <input type="checkbox"/> Grease disposal | <input type="checkbox"/> Utensil washing (3 part sink) |
| <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Equipment storage area |
| <input type="checkbox"/> Storage of vehicle/trailer/cart | <input type="checkbox"/> Cleaning area for mobile unit |

Note: If the Base of Operation's license is issued by an agency other than the Queen Anne's County Health Department, a copy of the license to operate must be submitted with the Base of Operation Agreement.

Base of Operation Owner/Operator Certification

I give the mobile unit, as listed above, permission to use my licensed establishment.

Signature: _____ Print: _____ Date: _____

As the owner of the mobile food service facility, I agree to use this base of operations as outlined above. If I do not use this facility as my base of operations, my Queen Anne's County Dept of Health food service license may be revoked, and I must stop operating until I obtain another base of operations and provide a new agreement to the Queen Anne's County Department of Health.

Signature of Mobile Unit Owner: _____ Print: _____ Date: _____