



ST. MARY'S COUNTY HEALTH DEPARTMENT

21580 Peabody St., P.O. Box 316

Leonardtown, MD 20650 301-475-4321

APPLICATION FOR A MOBILE UNIT RECIPROCITY LICENSE

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities.

(PLEASE PRINT OR TYPE)

TRADE NAME/DBA: _____

ADDRESS: _____

CONTACT PERSON/OWNER: _____

PHONE #: _____ EMAIL: _____

TYPE OF MOBILE UNIT: MOBILE TRAILER MOBILE TRUCK CART

VEHICLE TAG#: _____ VIN#: _____

COUNTY OF ORIGIN: _____

NOTE: A "COUNTY OF ORIGIN" FOOD SERVICE LICENSE IS REQUIRED IN ORDER FOR A MOBILE UNIT TO QUALIFY FOR A MOBILE UNIT RECIPROCITY LICENSE.

THE FOLLOWING DOCUMENTATION MUST BE PROVIDED WITH THIS APPLICATION:

- COPY OF FOOD LICENSE FROM "COUNTY OF ORIGIN".
- COPY OF MOST RECENT HEALTH DEPARTMENT INSPECTION
- COPY OF APPROVED HACCP PLAN AND MENU
- COPY OF COMMISSARY AGREEMENT, COMMISSARY LICENSE, COMMISSARY INSPECTION (IF APPLICABLE)
- PHOTOS OF MOBILE UNIT (INTERIOR AND EXTERIOR)
- ANNUAL FEE HIGH/MEDIUM PRIORITY \$285.00 LOW PRIORITY \$140.00
- SIGNED STATEMENT OF WORKMANS COMPENSATION INSURANCE

SIGNATURE: _____ POSITION/TITLE: _____

FEE ENCLOSED: _____ DATE RECEIVED: _____

Please complete and sign application. If application is not complete, it will be returned to you.
Please allow 10 business days for processing food service operating license.

OFFICE USE ONLY

ID NUMBER: _____ EHS: _____ PRIORITY: _____

COMMENTS: _____

STATEMENT OF WORKMEN'S COMPENSATION INSURANCE
[RETURN SIGNED STATEMENT TO THE HEALTH DEPARTMENT]

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workmen's Compensation Laws indicating the employer's Workmen's Compensation insurance policy or binder number. Waiver or certificate of compliance can be obtained by calling the Workmen's Compensation Commission at (800) 492-0479.

CIRCLE the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. (**NOTE: License cannot be issued without completion of this form.**)

1. I have Workmen's Compensation insurance.

Insurance Company _____ Policy/Binder No. _____

2. A waiver has been received from the Workmen's Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE LICENSURE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workmen's Compensation insurance. (Circle option a or b below.)

a. Attached is a copy of the certificate of compliance.

b. I have applied for a certificate of compliance from the Workmen's Compensation Commission on _____. Copy of certificate will be forwarded to St. Mary's County, Office of Environmental Health upon receipt.

4. I am self-insured. Approval of self-insurance has been received from the Workmen's Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE LICENSURE WILL BE GRANTED.)

5. I have no employees; therefore I am not required to carry Workmen's Compensation insurance.

SIGNATURE/TITLE DATE

FACILITY NAME TITLE

STATEMENT OF WORKMEN'S COMPENSATION INSURANCE
[PLEASE KEEP THIS INFORMATION FOR YOUR FILES]

If a proprietor does not have employees he/she may qualify for a waiver or exemption of self-insurance is not required. In order to comply with Maryland Health-General Code Annotated Section 1-202, a copy of the certificate of compliance (with official seal) for a waiver or exemption from the workmen's compensation Board must be submitted to the St. Mary's County Health Department, Office of Environmental Health, P.O. Box 316, Leonardtown, MD 20650.

In order to receive a waiver or exemption of this insurance a notarized letter must be submitted to the board stating your situation. All letters should be addressed to:

DIRECTOR, WORKMENS' COMPENSATION COMMISSION
6 LIBERTY ROAD, 9TH FLOOR
BALTIMORE, MARYLAND, 21201
1-800-492-0479

If you have self-insurance, approval must be received from the Workmen's Compensation Commission and a copy of the certificate of compliance shall be submitted to this department.

If you wish to inquire on receiving self-insurance call:

INJURED WORKER'S INSURANCE, TOWSON, MARYLAND
410-864-5100

If you have any further questions or need additional information, please do not hesitate to call the Environmental Health Services division, weekdays between the hours of 7:30 a.m. and 4:30 p.m. at 301-475-4321.

NOTE: Workmen's Compensation Insurance is not required for Excluded Organizations with volunteer workers.