

**MOBILE
FOOD SERVICE FACILITY
PERMIT APPLICATION**

Type of Application: **Prince George's County Health Department
Department of Permitting, Inspections and Enforcement**
9400 Peppercorn Place, Largo, Maryland 20774
Office: 301.883.7690 | TTY/STS Dial 711

Renewal
 New
 Other (Specify): _____

PLEASE READ CAREFULLY

INSTRUCTIONS	<ul style="list-style-type: none"> • Application fee is non-refundable. • Type or print legibly. All blanks must be filled in, if applicable, and the application MUST be signed by a listed owner/officer. • Only original signed documents will be accepted. No faxed, scanned, or e-mailed applications will be processed. • Submit check or money order for the application fee payable to: "Prince George's County". Check as applicable: <input type="checkbox"/> Mobile Facility \$640.00 + 5% Technology Fee of \$32.00 for a total of \$672.00 <input type="checkbox"/> Non-Profit Facility \$250.00 + 5% Technology Fee of \$12.50 for a total of \$262.50 (days must be consecutive) <i>Note: A copy of your State or Federal certification of non-profit status must accompany the application in order to qualify for the non-profit fee.</i> • Incomplete applications will be returned for corrections/completion and delay the issuance of a permit. • Annual permits to operate a Food Service Facility expire on a quarterly system based on when the application is initially approved. • If you need assistance filling out this application, call 301-883-7690. 				
Name of Facility (Trading As)			Facility Phone Number _____ - _____ - _____		
Former Name (if applicable)		Former Owner (if applicable)			
Mailing Address		Apt. No.	City	State ZIP Code _____ - _____	
FACILITY INFO	Describe where and how you intend to operate in Prince George's County:		WORKERS' COMP INFO		
	Type of Facility				
	Hours of Operation				
		<input type="checkbox"/> This business has no covered employees			
		Workers' Compensation Insurance Company and Binder Number (OR attach copy of exemption or self-insurance certificate)			
CERTIFIED MANAGER INFO	Name(s) of Certified Food Service Managers <i>(List additional managers' information on back)</i>		Prince George's County Certified FSM ID Number	Expiration Date	
OWNERSHIP INFORMATION	Type of Applicant -- Check One <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> CO-OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER, Specify: _____				
	Name of Applicant or Name of Corporation			Applicant Phone Number _____ - _____ - _____	
	Address of Applicant or Corporation		Apt./Suite	City	State ZIP Code _____ - _____
	LIST OWNERS/OFFICERS	TITLE	ADDRESS		
PLEASE SIGN	<ul style="list-style-type: none"> • <i>I have examined and read the above application and know the same is true and correct and, that in operating this food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, the State of Maryland and Prince George's County.</i> • <i>I understand that no public vending of food, except for ice cream, is allowed on public rights-of-way in Prince George's County.</i> • <i>I understand that no sale of food products from a vehicle is permitted on private property unless the food sales are part of a carnival, circus or similar event.</i> • <i>I understand that falsification of this application may result in the denial, suspension or revocation of the permit.</i> 				
	Signature of Applicant _____			Date of Signature _____	

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY	Date of Approval	Receipt Number	Fee Amount Received	Date Received	Facility Number
	Approving Signature	Permit Number	Date Permit Issued	Permit Expiration Date	