



Montgomery County Department of Health and Human Services  
 Licensure and Regulatory  
 2425 Reedie Drive, 9th floor, Whaton, Maryland 20902  
 Phone: 240-777-3986 Fax: 240-777-3088  
[www.montgomerycountymd.gov/licensure](http://www.montgomerycountymd.gov/licensure)

**FOOD SERVICE FACILITY LICENSE APPLICATION**

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

TODAY'S DATE: \_\_\_\_\_

New  Renewal  Change of Owner  Name Change

Mail license to:\*  Facility or  Owner  
 \*(If left blank, future notifications will be mailed to the facility)

Number of seats or square footage (if no seats): \_\_\_\_\_

Facility provides catering:  Yes or  No

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

(include street number, suite, street name, city, state and zip code)

Former Name of Facility (if applicable): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Federal Tax Identification No. : \_\_\_\_\_ Working Days/Hours Open for Business: \_\_\_\_\_

Owner/Corporation Name: \_\_\_\_\_

Address of Owner/Corporation: \_\_\_\_\_

WATER SUPPLY:  Public or  On-Site/Well SEWAGE:  Public or  On-Site/Septic System  
 (NOTE: Allow 30 days for well water testing and septic inspection. Contact DPS/Well & Septic Section at 240-777-6319)

WSSC  City of Rockville  Poolesville

WORKERS' COMPENSATION INSURANCE COMPANY NAME AND POLICY/BINDER NO: (Required every renewal).

\_\_\_\_\_  
 (NAME OF INSURANCE COMPANY)

\_\_\_\_\_  
 (POLICY/BINDER NO.)

Check here  if sole proprietor. The business is a sole proprietorship with no employees. Members of a partnership or LLC, must apply for a Certificate of Compliance from the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

*If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).*

**EMERGENCY CONTACT INFORMATION (must be completed by applicant)**

Emergency Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (NOT Facility Telephone Number) Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Montgomery County Department of Health and Human Services must be notified when the emergency contact information changes.

I hereby certify that the above information is accurate and complete:

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINTED NAME AND TITLE OF APPLICANT: \_\_\_\_\_

Submit completed application and fee to address above. CASH IS NOT ACCEPTED. Checks/Money Orders payable to "Montgomery County, Maryland".  
 Fee Paid: \_\_\_\_\_ Payment Method: (Select payment method)  
 Check or  Money Order  Visa or  Master Card Only (complete information below)

**OFFICE USE ONLY**

Receipt No.: \_\_\_\_\_ Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Check/Money Order No.: \_\_\_\_\_ Credit Card Approval Code (MC/VISA): \_\_\_\_\_

**CREDIT CARD PAYMENT SECTION** (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder's Name: \_\_\_\_\_ Credit Card No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature: \_\_\_\_\_

Type of License	Fee
(A) Low Priority (Facilities that serve commercially packaged potentially hazardous foods directly to the consumer; or non-potentially hazardous food that is cut, assembled, or packaged on the premises, such as candy, popcorn, and baked goods; or hand dipped ice cream)	\$200.00
(B) Moderate Priority (Facilities that serve potentially hazardous food that is prepared requiring the food to pass through the temperature danger zone, 41°F to 135°F, one time before service, such as cooking, hot holding, and then serving; or facilities that cut, assemble, or package on the premises, such as meats)	\$375.00
(C) High Priority (Facilities that serve potentially hazardous food that is prepared a day or more in advance of service; or using food preparation methods that require the food to pass through the temperature danger zone, 41°F to 135°F, two or more times before service, such as cooking, cooling, and then reheating)	\$525.00
(D) Non-Profit Charitable Organization:	\$100.00
(E) Facility (Facilities other than Non-Profit Charitable Organizations that are also licensed as Private Schools, Hospitals, or Care Homes)	\$130.00
(F) Mobile Facilities, Event Series, or Seasonal or Pool Snack Bars operating for more than 14 days but less than 90 days with operating dates printed on the license:	\$175.00