



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services

255 Rockville Pike, Suite 100, Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

MOBILE FOOD SERVICE FACILITY LICENSE APPLICATION
(UNITS OPERATING AT A SITE SPECIFIC LOCATION MUST MOVE FROM LOCATION DAILY)

TODAY'S DATE: _____

One Year License: New [] Renewal [] Reciprocity [] Seasonal 90 Day License: New [] Renewal []

Name of Facility: _____

Trailer: [] Motor Vehicle: [] Cart: [] Food Sold: Pre-Packaged Only [] Open or Potentially Hazardous []

Mobile Tag No.: _____ State: _____ VIN: _____ Federal Tax ID: _____

Owner/Corporation Name: _____ Telephone No.: _____

Address of Owner/Corporation: _____

Months of Operation: _____ Working Hours and Days Open for Business: _____

Workers' Compensation Insurance Company Name: _____ Policy/Binder No.: _____

Check here [] if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

A copy of the Commissary or Base of Operation Authorization Form along with the Commissary or Base of Operation Food Service Facility License must be attached to this application.

When requesting a Mobile Reciprocity License, the following documentation must be attached to this application:

- Your Maryland "County of Origin" Mobile Food License and Inspection Report;
Menu and Approved HACCP Plan;
Commissary or Base of Operation Authorization Form;
Certified Food Manager Card or Certified Food Manager Certificate; and
Copy of Vehicle Registration.

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

Signature of Owner or Agent

Printed Name

Payment Method: Check [] Money Order [] Visa [] Mastercard [] Make checks or money orders payable to "Montgomery County, Maryland". Cash is not accepted.

Fee: \$ _____ Credit Card No: _____ Exp. Date: _____

Credit Cardholder's Name: _____ 3 Digit Security Code: _____ Amount Charged: \$ _____

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

Cardholder's Signature: _____

LICENSES ARE NOT TRANSFERABLE FROM PERSON TO PERSON.

OFFICE USE ONLY:

Receipt No.: _____ Amount Paid: _____ Date Issued: _____
Check/Money Order No.: _____ Date Expires: _____ Staff Initials: _____

FEE SCHEDULE

Type of License	Fee
(A) Low Priority (Facilities that serve commercially packaged potentially hazardous foods directly to the consumer; or non-potentially hazardous foods 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 of more times before service, such as cooking, cooling, and then reheating)	\$525.00
(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 licenses:	\$175.00
Mobile Reciprocity License	\$300.00



**Montgomery County Department of Health and Human Services
Licensure and Regulatory Services**

255 Rockville Pike, Suite 100, Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

Commissary or Base of Operation Authorization Form

Annual Renewal Required YEAR: _____
--

This serves to notify **Montgomery County, Maryland** that:

I, _____ (owner/agent) of the food facility noted below, will allow my facility to serve as a commissary for the mobile food establishment noted below. I understand that as a commissary for the mobile food establishment, I must allow the mobile food establishment to return for servicing daily. I understand that by signing this form my facility will be inspected to ensure the requirements are met.

Attach a copy of the Food Service Facility License to this application.

Name of Commissary or Base of Operation			
Address of Commissary or Base of Operation			
Name of Owner/Licensee			
Days/Hours of Operation			
Day Phone		E-mail Address	
Water Supply	<input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Corporation			

The following services are provided for the Mobile Food Establishment by my food facility serving as commissary.

Note: If you answer 'No' to any of the below please explain.

1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the commissary's food, utensils, and other items. Storage areas for the mobile establishment will be clearly marked. () Yes () No	5. A food preparation area for mobile food establishment that conducts food preparation. Food preparation area shall be separated from that of commissary or preparation will be completed at alternate time of day. If Yes, describe. () Yes () No
2. Potable (drinking) water for filling water tanks. () Yes () No	6. Sanitary disposal of waste water and grease. () Yes () No
3. A three compartment sink for sanitizing utensils. () Yes () No	7. Disposal of garbage and refuse. () Yes () No
4. Hot and cold potable water under pressure for cleaning. () Yes () No	8. Storage of vehicle/cart. () Yes () No

Signature of Commissary Owner or Agent

Printed Name

Date

I, _____ (owner/agent) of the mobile food establishment noted above agree to use this food facility as a commissary for servicing daily. I will use the commissary for the requirements noted above. If I do not use the commissary, my Montgomery County Mobile Food Service License may be revoked, and I must stop operating until I obtain another commissary and provide a new commissary authorization document to the Montgomery County Department of Health and Human Services.

Signature of Mobile Food Establishment Owner or Agent

Printed Name

Date