



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

255 Rockville Pike, 1st Floor, 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 [] 90 Day License: New [] Renewal []
(Operational dates printed on the license)

Name of Facility: _____

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

Motor Vehicle Tag No.: _____ State: _____ VIN: _____ Federal Tax ID: _____

Owner/Corporation Name: _____ Telephone No.: _____

Address of Owner/Corporation: _____

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.

Base of Operation Name: _____ Telephone No.: _____

Base of Operation Address: _____

Contact Person at Base of Operation: _____

Attach a copy of the establishment's current Health Department operating permit and an original letter signed by the owner granting the applicant permission to use the facility as the Base of Operation.

I hereby certify that the above information 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. Credit card payments may be faxed to 240-777-4531 (confidential fax line).

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 LOCATION TO LOCATION OR PERSON TO PERSON. ALL LICENSES EXPIRE ONE YEAR AFTER DATE OF ISSUANCE.

OFFICE USE ONLY:

Receipt No: _____ Amount Paid: _____ Date Issued: _____
Check No./Money Order: _____ 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 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
(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