



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE FACILITY

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:

DATE: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

OWNER(S) OF BUSINESS: _____

CORPORATE NAME (if applicable): _____

ADDRESS FOR PERMIT TO BE SENT IF DIFFERENT FROM ABOVE:

CONTACT NOs.: Food Service Facility #: _____ Owner #: _____

Fax#: _____ E-Mail: _____

FORMER NAME (if applicable): _____

TYPE OF FACILITY: _____

NORMAL HOURS/DAYS OPEN FOR BUSINESS: _____

CHECK APPLICABLE LINES:

OPERATION PROPOSED: Permanent _____
Seasonal _____ From _____ to _____

WATER SUPPLY: Public _____ Private _____

SEWERAGE: Public _____ Private _____

SIGNATURE OF APPLICANT: _____ TITLE: _____

OFFICE USE ONLY

Receipt Number: _____ Amount Paid _____

County Permit Number: _____ Date Paid _____

(Revised May 2009)

Mail application to:
Washington County Health Department
ENVIRONMENTAL HEALTH DIVISION
13332 Pennsylvania Avenue
Hagerstown, Maryland 21742