

HIGH PRIORITY FOOD SERVICE FACILITY PERMIT APPLICATION

Type of Application:

- Renewal
 New
 Other (Specify): _____

Prince George's County Health Department Environmental Health

Largo Government Center | 9201 Basil Court, Suite 318
 Largo, Maryland 20774
 Office **301-883-7690**
 TTY/STS Dial 711 for MD Relay

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. • Submit check or money order for the application fee payable to: "Prince George's County Health Department". Check as applicable: <input type="checkbox"/> High Priority Facility \$425.00 <input type="checkbox"/> Non-Profit Facility \$175.00 <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> • Applicants failing to submit this application and the required fee within five days of the expiration date on the existing permit shall be assessed a late charge of \$20.00 per day for EACH DAY following the permit expiration date. • A valid Use and Occupancy Permit is required to operate a food service facility. • Incomplete applications will be returned for corrections/completion and delay the issuance of a permit. • 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			
	Emergency Contact E-mail Address						Facility Fax Number			
	Former Name (if applicable)					Former Owner (if applicable)				
	Location Address			Suite No.		City		State		Zip Code
	Mailing Address (if different)			Apt. No.		City		State		Zip Code
	FACILITY INFO	Seating Capacity		Number of Employees		Water Supply PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>		WORKERS' COMP INFO This business has no covered employees <input type="checkbox"/> Workers' Compensation Insurance Company and Binder Number (OR attach copy of exemption or self-insurance certificate)		
		Type of Facility			Sewage Disposal PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>					
		Hours of Operation			Liquor License YES <input type="checkbox"/> NO <input type="checkbox"/>					
	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 INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> CO-OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> 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 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	