

**MOBILE
FOOD SERVICE FACILITY
PERMIT APPLICATION**

Type of Application:

- Renewal
- New
- Reciprocity
- Other (Specify): _____

**Prince George's County Health Department
Department of Permitting, Inspections and Enforcement**
9400 Peppercorn Place, Largo, Maryland 20774
Office: 301.883.7690 | TTY/STS Dial 711

PLEASE READ CAREFULLY

INSTRUCTIONS	<ul style="list-style-type: none"> ◆ Application fee is non-refundable. Applicants should thoroughly review all mobile unit requirements prior to applying. ◆ 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." Check as applicable: <input type="checkbox"/> Mobile Facility \$300.00 <input type="checkbox"/> Mobile Facility – Reciprocity \$285.00 + 5% Technology Fee of \$14.25 for a total of \$299.25 <input type="checkbox"/> Non-Profit* Facility \$250.00 + 5% Technology Fee of \$12.50 for a total of \$262.50 <p><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></p> <ul style="list-style-type: none"> ◆ Incomplete applications will be returned for corrections/completion and delay the issuance of a permit. ◆ Annual 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)		Primary Contact Name											
Primary Contact E-mail		Primary Contact Number(s)											
Mailing Address		Apt. No.	City	State ZIP Code									
FACILITY INFO	<p>Type of Mobile Unit: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Trailer <input type="checkbox"/> Push Cart <input type="checkbox"/> Other _____</p> <p>Has this Mobile Unit completed the DPIE plan review process? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach approval letter.</p> <p>Does this Mobile Unit hold a current Mobile Unit License in another jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by which Health Department(s) is the unit currently licensed? _____</p> <p>Is this Mobile Unit an ice cream truck with no cooking or hot holding? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, a menu, floor plan, and HACCP plan must be submitted prior to inspection.</p> <p>Name and address of licensed Food Service Facility that will be used as a depot (base of operations) for food truck: _____</p>												
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	<p>Type of Applicant — Check One <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> CO-OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER, Specify: _____</p> <p>Name of Applicant or Name of Corporation _____ Applicant Phone Number _____</p> <p>Address of Applicant or Corporation Apt./Suite City State ZIP Code</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">LIST OWNERS/OFFICERS</th> <th style="width: 30%;">TITLE</th> <th style="width: 40%;">ADDRESS</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				LIST OWNERS/OFFICERS	TITLE	ADDRESS						
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WORKERS' COMP INFO	<p><input type="checkbox"/> This business has no covered employees Workers' Compensation Insurance Company _____ Binder Number _____ (OR attach copy of exemption or self-insurance certificate)</p>												
MOBILE UNIT DIRECTORY	<p>Do you want this mobile unit to be included in a public directory? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the following information for the listing.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Public Contact Number</th> <th style="width: 25%;">Public E-mail Address</th> <th style="width: 25%;">Website</th> <th style="width: 25%;">Service Area</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Public Contact Number	Public E-mail Address	Website	Service Area					
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PLEASE SIGN	<ul style="list-style-type: none"> ◆ 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 understand that falsification of this application may result in the denial, suspension or revocation of the permit. <p>Signature of Applicant _____ Printed Name of Applicant _____ Date of Signature _____</p>												

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY	Date Received	Fee Amount	Receipt Number	Facility Number
	Date of DPIE Processing	Processed by		Permit Number
	Date of Health Approval	Approved by	Date Permit Issued	Permit Expiration Date