

Please remit fee of \$
with your Application and Worker's
Compensation Form. Include any
applicable

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Application is hereby made for License to **Operate a Food Service Facility** in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities, Health-General, Section 21-306.

Paid:	\$
Rcvd:	
Receip	t #:
W/C:	
	·

PLEASE PRINT OR TYPE AND RETURN

AND RETURN
State: Zip:
State: Zip:
Owner's Phone Number:
Vin#:
aurant, Caterer or Commercial Distributor):
vells: Sewage Disposal: Public
On-Site
_
Agent
Owner Date:
BELOW THIS LINE – FOR OFFICE USE ONLY
- Priority: High
Medium
Low
Date:
Rev. 06/04/2019

Healthy People. Healthy Community. Healthy Future.