HIGH PRIORITY FOOD SERVICE FACILITY PERMIT APPLICATION

PLEASE READ CAREFULLY

Type of Application:

❑ Renewal
❑ New
❑ Other (Specity): _____

Prince George's County Health Department
Environmental Health
Largo Government Center | 9201 Basil Court, Suite 318
Largo, Maryland 20774-5310
Office: **301-883-7690**
TTY/STS: Dial 711 for Maryland Relay

INSTRUCTIONS

- 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: ❑ **High Priority Facility** **$425.00**
❑ **Non-Profit Facility** **$175.00** *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.*

- 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 copy of the applicant's Use and Occupancy Permit is required with application submission.**
- 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 ❑	PRIVATE ❑
Type of Facility		Sewage Disposal PUBLIC ❑	PRIVATE ❑
Hours of Operation		Liquor License YES ❑	NO ❑

WORKERS' COMP INFO

This business has no covered employees ❑

Workers' Compensation Insurance Company and Binder Number (OR attach copy of exemption or self-insurance certificate)

CERTIFIED MANAGER INFO

Name(s) of Certified Food Service Managers *(List additional managers' information on back)*	Prince George's County Certified FSM ID Number	Expiration Date

OWNERSHIP INFORMATION

Type of Applicant -- Check One
INDIVIDUAL ❑ CORPORATION ❑ CO-OWNERSHIP ❑ PARTNERSHIP ❑ OTHER ❑ 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

- ***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.***

_____ _____
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	

NOT TRANSFERABLE