

**LOW 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 20774-5310
Office: **301-883-7690**
TTY/STS: Dial 711 for Maryland 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. ♦ Submit check or money order for the application fee payable to: "Prince George's County Health Department". Check as applicable: <ul style="list-style-type: none"> <input type="checkbox"/> Low Priority Facility \$225.00 <input type="checkbox"/> Non-Profit Facility \$175.00 <i>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 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 <input type="checkbox"/> PRIVATE <input type="checkbox"/>	WORKERS' COMP INFO	This business has no covered employees <input type="checkbox"/>
		Type of Facility		Sewage Disposal PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>		Workers' Compensation Insurance Company and Binder Number (OR attach copy of exemption or self-insurance certificate)
		Hours of Operation		Liquor License YES <input type="checkbox"/> NO <input type="checkbox"/>		
	OPERATION INFO	Name of Certified Food Service Manager				
Prince George's County Certified FSM ID Number						
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 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