

## Instructions for Completing the Bed and Breakfast Food Service Facility License Application

**Facility Information:** Write the facility name, address, telephone number and email address of the facility.

**Business Owner:** This is the legal tax name. If incorporated, write the name of corporation.

**Business Owner Contact:** Indicate a telephone number, other than the facility number, and an email address for the business owner.

**Mailing Address:** Indicate the address of where to receive business correspondence.

**Corporation Name, Officer/Resident Agent, and Address (if applicable):** Indicate corporation name, officer or resident agent and mailing address.

**Property Owner:** If property owner is known, indicate the name, address, phone number and email address. If not known, indicate the management company name, address, phone number and email address.

**Property Tax Account Number:** Obtain from owner or Management Company. PLEASE PROVIDE. THIS INFORMATION IS ESSENTIAL FOR RECORD KEEPING SYSTEMS.

**Federal ID Number:** Indicate the number issued to the business owner by the Internal Revenue Service.

**Nonprofit/Exempt:** You must provide a letter from the IRS as proof of nonprofit status to be fee exempt.

**Seasonal Facilities:** Indicate if a seasonal operation and provide dates of operation.

**Water:** Indicate whether the facility is on public water or private water well. (**NOTE:** If on a private water well, certified laboratory testing is required, and results must be submitted to the Maryland Department of the Environment (MDE). MDE may be contacted at 410-537-3784).

**Sewer:** Indicate whether the facility is on public sewer or on a septic system.

**Grease Trap or Recovery:** Indicate whether the facility uses a grease trap (a tank located outside the building in the ground) or a grease recovery unit (an electrically powered grease recovery device usually located under the three-compartment sink).

**Seating:** Indicate whether there is seating. If so, indicate the number of seats.

**Days and Hours of Operation:** Indicate days of the week and appropriate times for those days of operation (e.g., Sunday 10 a.m. – 4 p.m.; Monday - Saturday 8 a.m. – 6 p.m.).

**Smoking Prohibited:** Establishment owner shall prohibit smoking in indoor areas open to the public and post "No Smoking" signs at every indoor public entrance. For more information on Maryland's Clean Indoor Air Act of 2007 and free signage visit: <https://health.maryland.gov/phpa/OEHFP/EH/Pages/clean-indoor-act.aspx>

Sign and date application. Below the signature line, print applicant's name, address and phone number.

### **MAKE ALL CHECKS PAYABLE TO CONTROLLER, ANNE ARUNDEL COUNTY.**

Mail or deliver the following to the address located at the top of the application.

- Bed and Breakfast Food Service Facility application
- Statement of Compliance with Workers' Compensation Act form (and attachments, if applicable).
- Change of Ownership form (if applicable) [Transfer of Ownership Letter](#)
- Priority Assessment form
- All appropriate fees (see bottom right corner of the application). Please contact this office if you require assistance in determining the correct fees.

Submit application and form(s) 10 business days prior to operation to the Anne Arundel County Department of Health.

Plans for new food service facilities or plans for food service facilities with any structural changes must be sent or brought to the Permit Application Center, Heritage Office Complex, 2664 Riva Road, Annapolis, MD 21401. Contact number 410-222-7300.

Food service facilities undergoing a change of ownership with a change of name only (no structural changes are being made to the facility) must apply for Change of Tenant building permit at the Permit Center, location noted above.

### **PLEASE NOTE: LICENSE EXPIRES THE LAST DAY OF FEBRUARY EACH YEAR.**

**For more information, contact:**

**Food Protection Services**

**Bureau of Environmental Health**

**Anne Arundel County Department of Health**

**3 Harry S. Truman Parkway**

**Annapolis, Maryland 21401**

**410-222-7192**



**FOOD SERVICE FACILITY – LICENSE APPLICATION  
 FOOD PROTECTION SERVICES  
 BUREAU OF ENVIRONMENTAL HEALTH  
 ANNE ARUNDEL COUNTY DEPARTMENT OF HEALTH  
 3 HARRY S. TRUMAN PARKWAY  
 ANNAPOLIS, MARYLAND 21401  
 410-222-7192**

**BED AND BREAKFAST FACILITY**

(PLEASE PRINT)

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

FACILITY PHONE NUMBER: \_\_\_\_\_ FACILITY EMAIL: \_\_\_\_\_

BUSINESS OWNER NAME: \_\_\_\_\_

BUSINESS OWNER PHONE #: \_\_\_\_\_ BUSINESS OWNER EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CORPORATION NAME (if applicable): \_\_\_\_\_

CORPORATE OFFICER/RESIDENT AGENT: \_\_\_\_\_

CORPORATION OFFICER/RESIDENT AGENT ADDRESS: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

PROPERTY OWNER PHONE#: \_\_\_\_\_ PROPERTY OWNER EMAIL: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROPERTY TAX ACCOUNT #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FEDERAL ID#: \_\_\_\_\_

NONPROFIT/EXEMPT:  YES  NO (If Yes, Provide IRS Verification for Fee Exemption)

SEASONAL (Dates of Operation) \_\_\_\_\_

WATER: ( ) PUBLIC ( ) PRIVATE GREASE TRAP: ( ) YES ( ) NO SEATING: ( ) YES ( ) NO

SEWER: ( ) PUBLIC ( ) PRIVATE GREASE RECOVERY: ( ) YES ( ) NO NUMBER OF SEATS: \_\_\_\_\_

DAYS AND HOURS OF OPERATION: \_\_\_\_\_

NOTE: Smoking is prohibited in indoor areas open to the public and "No Smoking" signs must be placed at every public entrance.

ISSUANCE OF THIS LICENSE IS CONDITIONED ON THE APPLICANT'S CONSENT TO INSPECTIONS; THAT SUCH INSPECTIONS WILL FOCUS ON DETERMINING LICENSEE'S COMPLIANCE WITH THE LAWS AND REGULATIONS RELATED TO THE LICENSE; THAT INSPECTIONS WILL BE CONDUCTED AT REASONABLE TIMES UNLESS THE HEALTH OFFICER HAS REASON TO BELIEVE THAT VIOLATIONS ARE OCCURRING THAT CAN ONLY BE DETECTED AT OTHER TIMES; THAT FAILURE TO ALLOW INSPECTIONS MAY RESULT IN SUSPENSION OR REVOCATION OF THE LICENSE, IN ADDITION TO ALL OTHER REMEDIES PERMITTED BY LAW.

APPLICANT SIGNATURE/TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME & ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

FOR OFFICE USE ONLY	___NEW	___CHANGE OF OWNERSHIP	
AREA: _____	( ) HIGH PRIORITY		\$400.00
	( ) MODERATE PRIORITY		\$270.00
HACCP PRIORITY: _____	___STRUCTURAL PLAN REVIEW		
ID# _____	HIGH AND MODERATE PRIORITY		\$750.00
DATE APPROVED: _____	___HACCP PLAN REVIEW		
	HIGH AND MODERATE PRIORITY		\$750.00
REVIEWER INITIAL: _____	___NONPROFIT/EXEMPT (LICENSE FEE)		\$0.00



**STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT**

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may be issued to an employer, the employer shall file with the issuing authority the workers' compensation insurance policy or binder number or provide a Certificate of Compliance obtained from the Maryland Workers' Compensation Commission (WCC). Employers that are not required to, and do not carry workers' compensation insurance must submit an [Application for Certificate of Compliance](#) to the WCC. Upon receipt of the application, a Certificate of Compliance or a letter of exemption will be issued. Please contact the WCC for more information at (410) 864-5297, Monday through Friday, from 8:00 a.m. to 4:30 p.m.

**Circle the number of the option below** which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

- 1. I have workers' compensation insurance for my covered employees.

Name of Insurance Company \_\_\_\_\_  
Policy or Binder Number \_\_\_\_\_

- 2. I am a member of a limited liability company or an officer of a corporation and I have no covered employees. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)

- 3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)

- 4. I am a sole proprietor or a partner in a business and have no covered employees. (Attach a copy of the **LETTER OF EXEMPTION** from the Workers' Compensation Commission.)

**Type of License (Please check):**

- Permanent Food Service Facility  Mobile Food Service Facility  Mobile Reciprocity Food Service Facility
- Temporary Food Service Facility  Campground  Mobile Home Park  Public Pools and Spas
- Exotic Bird Facility

**I solemnly affirm under the penalties of perjury that the information provided on this form is true.**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Title in the Business

\_\_\_\_\_  
Street Address of Business

\_\_\_\_\_  
City, State and ZIP Code of Business

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signing

## PRIORITY ASSESSMENT FOR BED AND BREAKFAST FACILITIES

In order to properly classify your food service facility, the Anne Arundel County Department of Health requires that all operators carefully review and provide the following information.

Please check off **ALL** preparation processes that you utilize at your Food Service Facility:

### **PRIORITY 2 – Moderate**

- Potentially hazardous food that is cut, assembled or packaged on the premises, such as meats and deli products as well as raw seed sprouts, cut tomatoes, cut melon and cut leafy greens

cold hold – prepare – serve  
prepare – cold hold – serve

- Potentially hazardous food that is prepared using methods that require it to pass through the temperature range of 41°F to 135°F not more than one time

cook – serve  
cook – hot hold – serve  
**Leftovers are discarded**

### **PRIORITY 1 – High**

- Potentially hazardous food that is prepared a day or more in advance of service

- Potentially hazardous food that is prepared using methods that require the food to pass through the temperature range of 41°F - 135°F two or more times

cook – hot hold – cool – cold hold – serve  
cook – cool – reheat – hot hold – serve  
**Cooled leftovers are reused**

Facility Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Owner's Name (Print) \_\_\_\_\_

Email Address \_\_\_\_\_

Former Facility Name (if applicable) \_\_\_\_\_

Former Facility Closure Date (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_