

Maryland Department of Health and Mental Hygiene
 Environmental Health Bureau
 Permits and Licenses
 6 Saint Paul Street, Suite 1301
 Baltimore, MD 21202-1608
 Phone (410) 767-8444 Fax (410) 333-8931

New Frozen Dessert Application

Facility Information

Facility Name:		Requested Permit Type:	
Physical Address:		<input type="checkbox"/> 0-25,000 gal capacity <input type="checkbox"/> 25,001-100,000 gal capacity <input type="checkbox"/> 100,001-250,000 gal capacity <input type="checkbox"/> 250,001-500,000 gal capacity <input type="checkbox"/> Over 500,000 gal capacity	
County:	<input type="checkbox"/> Baltimore City	*Please provide a copy of the most recent sanitation inspection for your facility.	
Contact Name:			
Phone 1:	Phone 2:		
Fax:		Water Source	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Municipal
Email:		Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Septic

Owner or Business Organization Information

Company Name:		FEIN:	
Legal Address:		Check all items that apply: <input type="checkbox"/> Ice cream/Frozen custard <input type="checkbox"/> Frozen Yogurt <input type="checkbox"/> Sherbet <input type="checkbox"/> Manufactured Desserts Mix <input type="checkbox"/> Water Ices <input type="checkbox"/> Other:	
Contact Name:		Email:	
Phone 1:	Phone 2:	Fax:	

Mail Official Correspondence To

Payment (return with application)

ATTN (Person):	License Fees: 0-25,000 gal capacity - \$10 25,001-100,000 gal capacity - \$50 100,001-250,000 gal capacity- \$100 250,001-500,000 gal capacity- \$150 Over 500,000 gal capacity - \$200	
<input type="checkbox"/> Facility address above <input type="checkbox"/> Owner/Business address above	Amount Paid:	Check Number:
<input type="checkbox"/> Other Mail Address	Note: Only checks or money orders are accepted.	
	Date Received:	Received by:

Copy of most recent state health dept. or local health dept. inspection required.

The following information is required by Maryland Health General Code Annotated Code § 1-202 with regards to the Maryland Workers Compensation Act. I am (check one):

- Enclosing a Certificate of Insurance
- Self insured - Maryland Workers Compensation Commission Certificate of Compliance enclosed
- Self-employed or only employ family members
- Providing the following insurance information:
 Insurance Company _____
 Policy/Blinder Number _____

Signature _____ Title _____ Date _____

DO NOT WRITE BELOW THIS LINE