

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

BOBTAILER'S PERMIT Application

| Name of Person or Facility Information | | |
|--|------|----------|
| Name: | | |
| Physical Address: | | |
| Phone 1: | | |
| Fax: | | Phone 2: |
| Email: | | |
| | SSN: | |

| Owner or Business Organization Information | |
|--|---------------|
| Company Name: | FEIN: |
| Legal Address: | |
| Contact Name: | Email: |
| Phone 1: | Phone 2: Fax: |

| Mail Official Correspondence To | Payment (return with application) |
|---|--|
| ATTN (Person): | License Fees: \$50 |
| <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: |

The following information is required by Maryland Health General Code Annotated Code § 1-102 with regards to the Maryland Workers Compensation Act. I am (check one):

- Enclosing a Certificate of Insurance
- Providing the following insurance information:

Insurance Company _____

Policy/Binder Number _____

- Self insured - Maryland Workers Compensation Commission Certificate of Compliance enclosed
- Self-employed or only employ family members

Signature _____ Title _____ Date _____