

**Charles County Department of Health**

**Environmental Health Services**

**P.O. Box 1050**

**White Plains, MD 20695**

**301-609-6751 Phone 301-609-6684 Fax**

**APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW**

**Type of Application:**  Additions  
 New Food Facility  
 Remodel/Renovation  
 Mobile Unit

Application is hereby made for review of food establishment in accordance with the Health-General Article 21-305, Annotated Code of Maryland. The review application fee of **\$510.00** for a new facility and **\$255.00** for all others, with fees payable to: "Charles County Health Department". All fees are non-refundable.

Name of Facility (Trading As) _____	Facility Phone Number _____
Applicant's E-mail Address _____	Facility Fax Number _____
Location Address _____	City _____ State _____
Zip Code _____	
Facility's Mailing Address (if different) _____	City _____ State _____
Zip Code _____	
<b>Applicant's or Corporation's Information</b>	Applicant Phone Number _____
<input type="radio"/> Owner _____ <input type="radio"/> Contractor _____ <input type="radio"/> Architect _____ <input type="radio"/> Other _____	Building Permit Application ID # _____
<b>Mailing Address of Applicant or Corporation:</b>	
_____	
City _____	State _____ Zip Code _____
<b>Food Operation Information</b>	<b>Food Service System – circle appropriate operation(s):</b>
Cook – Serve _____	Cook – Chill – Reheat - Hot Hold – Serve _____
Cold Hold – Serve _____	Cook – Hot Hold – Serve _____
Is Char-broiler, Open Pit Grill or Similar Type Cooking Device used? Yes____ No____	Commercially Packaged Foods Only _____
If yes: Cooking Surface: _____ Length _____ Width _____	Other _____
<b>Application Checklist:</b> (Include the following items with this application)	
Equipment Specifications (make and model numbers)	HACCP Plan _____
Exhaust Hood/Ventilation Plans	Plans (1 set required) _____
Fee _____	Proposed Menu _____
<b>PLEASE SIGN</b>	I UNDERSTAND THAT FALSIFICATION OF THIS APPLICATION MAY RESULT IN THE DENIAL, SUSPENSION OR REVOCATION OF THE APPROVAL.
_____	_____
Signature of Applicant	Date