**APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE FACILITY**

**Somerset County Health Department-8928 Sign Post Road, Westover, MD 21871**

**Phone 443-523-1730 – Fax 410-651-3425**

**FEE $100** (Except IRS Non-Profit & Licensed Somerset Food Facilities)

**Notice:** *Submit application at least 1 week prior to the event.*

Facility/Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exact Event Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Event(s)-up to 10 days per application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Menu Items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where is food prepared? (Circle): on site at event/licensed facility named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/approved excluded organization.

2. Name of stores/suppliers where ingredients and ice are purchased? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Date food purchased? (Food must be purchased the day of the event unless stored in an approved food facility)\_\_\_\_\_\_\_\_\_\_\_

4. Means to cold hold food 41°F or less during transport (circle): refrigerated truck / powered refrigerator / freezer / coolers with ice

5. Means to elevate food/food items 6 inches off ground (circle): tables / pallets / racks / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Type of overhead protection for exposed food/equipment provided (circle): tent / canopy / trailer / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Means to hold cold food 41°F or below at event (circle): coolers with ice / refrigerator / freezer / refrigerated truck

8. Type of unit provided to hold hot food at 135°F or above at event (circle): steam table / grill / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Means provided to cook or rapidly reheat foods to 165°F at event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Number of food thermometers to be provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Hand wash facility to be provided at booth (circle): trailer hand sink / portable hand sink / bottled water jug with spigot that locks in open and closed position / igloo jug with spigot that locks in open and closed position / coffee urn / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Soap & paper towels provided as required? (circle) yes / no

13. Utensil cleansing method (circle one): 3 compartments with bleach or quat & proper test strips / spare clean pre-wrapped utensils

14. How is waste water collected and held (circle): catch bucket / holding tank / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Waste water disposal site (circle): event tank / sanitary sewer / other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Water source (circle): bottled water / town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ public water system/event/other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Number of trash receptacles provided? Note applicant is required to provide at least 1 for use in both. (Circle one) 1 / 2 / 3+

**I understand that failure to comply with COMAR 10.15.03 Regulations Governing Food Service Facilities will result in the automatic suspension of the operating license, and all food operations must cease IMMEDIATELY.**

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

**A COPY OF THIS APPROVED FORM MUST BE KEPT ON-SITE DURING THE HOURS OF THE EVENT**

Health Dept. Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ **Conditionally Approved \_\_\_\_\_ Disapproved \_\_\_\_\_**