



**TEMPORARY FOOD SERVICE FACILITY  
OPERATIONS IN SOMERSET COUNTY**

1. Please complete the attached application for a Temporary Food Service License and return it, along with the required **\$100.00 license fee to:**

**Somerset County Health Department  
8928 Sign Post Road, Suite 2  
Westover, MD 21871**

(No fee will be assessed to a bonafide, nonprofit organization.)

**Applications and fee must be received at least one week prior to the event.**

2. The tarp, tent, or canopy shall be large enough to completely cover all food preparation areas, food contact equipment and utensils, hand washing and utensil washing areas, and all food storage.
3. All potentially hazardous food shall be maintained below 41° F or above 135° F at all times. An adequate number of hot holding units and refrigerators/freezers for maintaining safe food temperatures shall be provided. Place thermometers in refrigerators, freezers, and hot hold units.
4. All wiping cloths are to be kept in a container with a sanitizing solution. The container must be labeled as such.
5. A pressurized hand washing station with tepid water (picnic jug, cooler, coffee urn with tap) and a catch basin shall be provided for hand washing. An ample supply of soap and paper towels must be provided.
6. Food and single serve items must be stored off of the ground a minimum of 6 inches.
7. Wash, rinse, and sanitizer containers must be provided and shall be labeled and ready for use.

If you have any questions, please contact this office at 443-523-1700.

**THESE REQUIREMENTS MUST BE MET FOR APPROVAL TO OPERATE AT THE EVENT.**



**Public Health**  
Prevent. Promote. Protect.  
Somerset County  
Health Department

**Somerset County Health Department**  
8928 Sign Post Road, Suite 2, Westover, Maryland 21871  
443.523.1700 • Fax 410.651.5680 • TDD 1-800-735-2258

Health Officer Danielle Weber, MS, RN

**APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE FACILITY**  
**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): 3 compartments with bleach or quart & 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** \_\_\_\_\_