
Guidance for Temporary Food Service Facility Events in Somerset County

- 1) Please complete and return the attached application for a Temporary Food Service Facility License, along with the required **\$100 license fee** to:

Somerset County Health Department
Attn: Environmental Health
8928 Sign Post Road, Suite 2
Westover, MD 21871

No fee will be assessed to a bona fide nonprofit organization or an already licensed Somerset County food service facility. For a multi-vendor event, each vendor should submit a separate application and fee.

\$50 Late Fee If Application Received Less Than Five Working Days Before Event.

- 2) The overhead protection (tarp, tent, canopy or roof) 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 at a temperature below 41 F or above 135 F at all times. An adequate number of hot holding units, refrigerators and freezers or other means of maintaining safe food temperatures shall be provided.
- 4) All wiping cloths are to be kept in a container with a sanitizing solution. The container must be labeled as such.
- 5) A hand washing station with potable 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 above the ground at a minimum height of six inches on a suitable platform.
- 7) Wash, rinse and sanitize containers must be provided and shall be labeled and ready for use, or pre-wrapped extra utensils must be provided.
- 8) Applicants can apply for a Temporary Food Service Facility License to operate for up to 30 consecutive days. For non-consecutive events, an application and fee is required for each period of operation. Only consecutive dates can be submitted on a single application.

If you have any questions please contact the Environmental Health office at 443-523-1700.

**THE ABOVE REQUIREMENTS MUST BE MET FOR APPROVAL
TO OPERATE A TEMPORARY FOOD SERVICE FACILITY**



Somerset County Health Department
8928 Sign Post Road, Suite 2, Westover, Maryland 21871
443.523.1700 – 800.363.8090 – 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

(Fee Waived for Registered Non-Profits & Licensed Somerset County Food Service Facilities)

\$50 Late Fee If Application Received Less Than Five Working Days Before Event

Name of Organization/Facility Applying: _____

Organization/Facility Contact Person: _____

Phone: _____ Email: _____

Mailing Address: _____

Event Name: _____

Event Coordinator or Contact Person: _____

Phone: _____ Email: _____

Event Location: _____

Event Dates: _____ Hours of Operation: _____

Menu Items: _____

Please answer the following questions, missing/incomplete information may delay the review of the application:

1) Where is the food prepared?

☐ On-Site at Event ☐ Licensed FSF (_____)

2) Where are ingredients and ice purchased? _____

3) Date food purchased? (must be purchased the day of the event unless stored in an approved facility) _____

4) Method to cold hold food at 41 F or less during transport?

☐ Refrigerated Truck ☐ Powered Refrigerator/Freezer ☐ Coolers with Ice

5) Method to elevate food items six inches above the ground?

☐ Tables ☐ Pallets ☐ Racks ☐ Other _____

6) Type of overhead protection for exposed food/equipment?

☐ Tent/Canopy ☐ Trailer ☐ Pavilion ☐ Other _____

7) Method to cold hold food at 41 F or less during event?

☐ Refrigerated Truck ☐ Powered Refrigerator/Freezer ☐ Coolers with Ice

8) Type of unit provided to hot hold food at 135 F or above during event?

☐ Steam Table ☐ Heated Cabinet ☐ Grill ☐ Other _____

9) Method to cook or rapidly reheat foods to 165 F during event? _____

10) Number of food thermometers provided? ☐ 1 ☐ 2 ☐ 3+

11) Method of handwashing? (**handwashing is required for all events and must include soap and paper towels**)

☐ Portable Handsink ☐ Bottled Water with Spigot that Locks Open ☐ Igloo Cooler/Jug with Spigot that Locks Open

☐ Coffee Urn ☐ Trailer Handsink ☐ Other _____

12) Method to clean utensils? ☐ 3-Comp Sink with Sanitizer and Test Strips ☐ Spare Clean Pre-Wrapped Utensils

13) Wastewater collection? ☐ Catch Bucket ☐ Holding Tank ☐ Other _____

14) Wastewater disposal site? ☐ Event Tank ☐ Sanitary Sewer ☐ Other _____

15) Water source? ☐ Event Provided ☐ Bottled Water ☐ Other _____

16) Number of trash receptacles provided? (at least one must be provided for each booth) ☐ 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.

Approved / Disapproved Health Department Signature: _____ Date: _____

Affirmative Action and Equal Opportunity Employer and Provider