

TEMPORARY FOOD SERVICE FACILITY PERMIT APPLICATION

PERMIT IS NOT TRANSFERABLE

Baltimore County Government
Department of Health
Eastern Family Resource Center
9100 Franklin Square Drive, Suite 230
Baltimore, Maryland 21237
410-887-FOOD (3663)
410-887-3392 FAX

FEE NON-REFUNDABLE

Date of Event: _____

APPLICATION DATE: _____

Make checks payable to "BALTIMORE COUNTY, MARYLAND." Applicants are to complete the entire form and mail the original completed application to the above stated address.

ONE DAY/MULTIPLE CONSECUTIVE DAYS: \$30.00/day

Event From

Event To

Name of Event: _____ Outdoor Event: Stand: _____ Mobile Unit: _____

Location of Event: _____ Street Number: _____ Street Name: _____

City: _____ State: _____ Zip Code: _____

Annual Food Service Facility Name: _____

Address on Annual Permit _____

City: _____ State: _____ Zip Code: _____

ID NO.: _____ Phone: _____ Fax Phone: _____

Jurisdiction Issuing Food Service Facility Permit: County/City: _____ State: _____

Provide a copy of the Annual Permit with this application.

Owner/Operator's Name (Please Print Name): _____

Owner/Operator's Signature: _____

Please Sign in Blue Ink

Temporary Food Service Facility Name (If another name is attached to annual facility name): _____

For Office Use Only!

Fee: _____ Number of Days: _____

Permit # _____ Date Permit Issued: _____ Date Approved: _____

Survey Form Completed: _____ Date Received: _____ Staff Initial For Approval: _____



**BALTIMORE COUNTY
DEPARTMENT OF HEALTH**

ENVIRONMENTAL HEALTH SERVICES
9100 FRANKLIN SQUARE DRIVE, SUITE 230
BALTIMORE, MARYLAND 21237
410-887-FOOD (3663)
FAX # 410-887-3392

TEMPORARY EVENT SURVEY FORM

At least **21 days in advance of the event, the food vendor must** send the following documents which are required for review and approval of your application for a temporary food service permit: **(1) a completed temporary event survey form with the completed Sketch Sheet and the Attachments, (2) your annual food service facility permit from your licensing jurisdiction, and (3) an original signature, a completed temporary food service permit application with the correct monetary amount payable by check or money order to "Baltimore County, Maryland".** These documents must be returned **at least 21 days in advance** by mail or in person to Baltimore County Department of Health, Environmental Health Services, Eastern Family Resource Center, 9100 Franklin square Drive, Suite 230 Baltimore, Maryland 21237

If you have any questions, you may contact the on-duty sanitarian at 410-887-FOOD (3663) from 8:00 a.m. to 4:30 p.m.

Annual Food Service Facility Name: _____

City: _____ State: _____

Temporary Food Service Facility Name: _____

Name of event: _____

Event dates: _____ Time ___:___AM/PM to ___:___AM/PM

Event 1st Day: _____ Time ___:___AM/PM to ___:___AM/PM

Event 2nd Day: _____ Time ___:___AM/PM to ___:___AM/PM

Event 3rd Day: _____ Time ___:___AM/PM to ___:___AM/PM

Location name and address: _____

Company name of the promoter: _____

Promoter's contact person: _____

Promoter's daytime phone #: _____ Promoter's fax #: _____

Page 2 of 9 - Food Service Facility Name: _____

Promoter's email address: _____

Contact Name: _____ Contact Telephone: _____

1. All product sold in sealed packages shall be labeled in accordance with COMAR 10.15.03.12.

2. Food Samples. Are you offering food samples? No Yes **Apply for a Temporary Food Service Permit if the answer to the question is yes.**

3. Products sampled

4. Method used to protect product samples from contamination: sneezeguards
 physical distance from the public lids on containers other

(Describe) _____

5. List all food and beverage items to be prepared and served. Attached a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Approving Authority at least **10 days prior to the event,)**

6. Will all foods be prepared at the Temporary Food Establishment (TFE) Site?

Yes >> Complete **Attachment A**

NO >> Complete **Attachments A & B**

7. Describe (be specific) how frozen, cold, and hot foods will be transported to the Temporary Food Establishment:

8. How will food temperatures be monitored during the events?

9. Identify the sources for each meat, poultry, seafood, and shellfish item. Include the source of the ice:

10. Using Attachment C, record the names, phone numbers, shifts to be worked during the event and the assigned duties of all **Temporary Food Establishment workers** (paid and volunteer).

11. Describe the number, location and set up of handwashing stations to be used by the **Temporary Food Establishment workers (NOTE: Temporary handwash station shall be stocked with soap, paper towels, trash receptacle, and a catch container to collect waste water from a container filled with tempered water that has an open-and-close spout (i.e. coffee or tea urn with a bucket. SEE DIAGRAM ON PAGE 9):**

12. Identify the source of the potable water supply and describe how water will be stored and distributed at the **Temporary Food Event**. If a non- public water supply is to be used, provide the results of the most recent water tests.

13. Describe **the location of the 3-compartment sink with hot and cold running water that you will use during multiple day events:**

14. Describe the location of the 3-compartment sink with hot and cold running water that you will use during one-day events:

15. Describe how and where waste water from handwashing and utensil washing will be collected, stored, and disposed:

16. Describe the floors, walls, and ceiling surfaces, and lighting within the Temporary Food Establishment:

17. Describe how electricity will be provided to the Temporary Food Establishment:

18. Please add any additional information about your Temporary Food Establishment that should be considered:

I have examined and read the above application and know the same is true and correct, and that in operating a food service facility, I agree to comply with all applicable laws and regulations including, but not limited to those of Baltimore County and the State of Maryland.

I understand that falsification of this application may result in denial, suspension or revocation of the permit.

(Owner/Operator's Signature)

(Date)

Print the Owner/Operator's Name

Sketch Sheet

Drawing of Temporary Food Establishment

In the following space, provide a drawing of the Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers, and customer service areas.



Food Preparation at the Temporary Food Establishment

Attachment A

Food	Thaw How? Where?	Cut/Wash Assemble Where	Cold Holding How? Where?	Cook How? Where?	Hot Holding How? Where?	Reheating How?	Commercial Pre-Portioned Package

Food Preparation at the Licensed Food Establishment

Attachment B

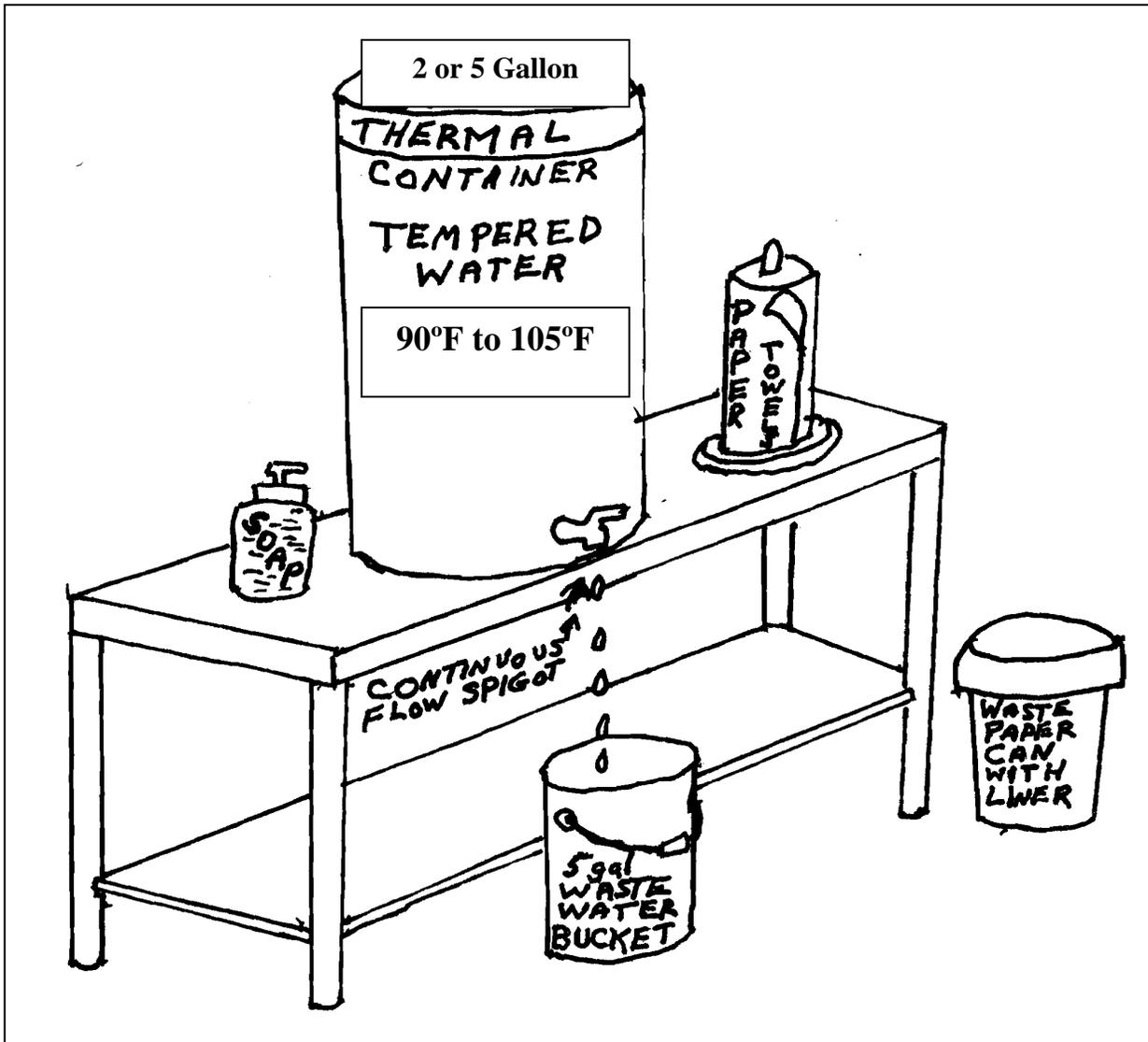
Food	Thaw How? Where?	Cut/Wash Assemble Where	Cold Holding How? Where?	Cook How? Where?	Hot Holding How? Where?	Reheating How?	Commercial Pre-Portioned Package

Employee Log

Attachment C

Name	Date	Assignment	Time In	Time Out

Temporary Handwashing Station



The temporary handwashing station shall consist of at least a 2 or 5-gallon insulated container with spigot that provides a continuous flow of warm (100°F - 105°F) running water, soap, paper towels, reminder sign, a 5, gallon bucket to collect the dirty water and a trash container.