



Temporary Food Service Facility Instruction for License Application

Applications must be submitted at least two weeks prior to the event. The License Application, a completed Workmen's Compensation Form and an application fee (\$195.00 for High/Moderate Risk Facilities or \$35.00 for Low Risk Facilities) must be submitted to the Department of Health.

CHECKS MUST BE MADE PAYABLE TO: CONTROLLER, ANNE ARUNDEL COUNTY.

NOTE: A penalty fee (High/Medium Priority - \$39.00 and Low Priority - \$7.00) will apply if the application is submitted less than two weeks before the event.

Temporary Event Name: Indicate name of temporary event.

Location of Event: Name of actual site where event is taking place.

Facility Name: Indicate the booth or facility name to be advertised at the event.

Business Owner Name, Email, Phone Number, and Mailing Address: Indicate the name, address, phone number and email address.

Temporary Event Coordinator Name and Phone Number: Indicate the temporary event coordinator, person in charge of event, and a contact telephone number.

Dates and Hours of Operation: Indicate the actual dates and hours event will be occurring.

Date and Time of Setup: Indicate date and time setup will be complete to begin food service operations.

Location of Food Preparation: Indicate where the food will be prepared, either at a licensed food service facility (e.g., restaurant) or on-site.

Federal ID#: Indicate Federal Tax ID.

Tax Exempt: Have you submitted tax exempt status information (if applicable)?

Water: Indicate if the location of the event is served by public water or private well. (For a private well, bacteria and nitrate-nitrogen sample results from a certified laboratory are required prior to the event).

Waste Disposal: Indicate if event is served by public sewer or private sewage disposal system.

Print name, sign and date the application: Applicant(s) must print their name, sign and date the application.

Menu: All foods prepared and/or served at the event must be indicated on the attached Temporary Food Service Facility Menu Page.



Temporary Food Service Facility License Application

Housing and Food Protection Services
Bureau of Environmental Health
Anne Arundel County Department of Health
3 Harry S. Truman Parkway
Annapolis Maryland 21401
410-222-7238 Fax: 410-222-7678

Name of Event: _____

Location of Event: _____
(Include street number, name, city, state, and ZIP code)

Facility Name: _____

Business Owner/ Contact Person: _____ Email: _____

Mailing Address: _____ Phone: _____

Event Coordinator Name: _____ Phone: _____

Date and Hours of Event _____ Setup Time*: _____

*This time indicates when your temporary food service facility will be set up and ready for inspection. Food may not be served to the public unless an inspection is performed and a license is issued by the Department of Health. To allow for a proper inspection, we advise that the setup of your temporary food service facility is complete and ready for inspection at least 30 minutes prior to the start of the event.

On-site Food Preparation: Must attach the Temporary Food Service Facility Menu Page to this application.

- () Outside tent () Indoor booth
() Mobile unit or trailer/Tag number: _____ Where licensed: _____
() Other: _____

Federal ID#: _____ (non-profits only) Tax Exempt Verification Submitted (Y/N): _____

Water Supply: [] Public Water [] Private Well Wastewater disposal: [] Public Sewer [] Septic System

The Department of Health may suspend or revoke a temporary food service facility license if the licensee fails or neglects to:

- (a) correct a violation in the specified time period;
(b) comply with an approved written schedule of compliance;
(c) correct a critical item immediately;
(d) correct a violation in a temporary food service facility within 24 hours; or
(e) when an immediate and substantial danger is found to exist to public health safety or welfare.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

Office Use Only

Priority _____ () High/Moderate: \$195 () Low Priority: \$35 () Exempt \$0.00

ID# _____

Date Approved _____ () Penalty Fee H/M: \$39 () Penalty Fee Low: \$7

Inspector _____

Temporary Food Service Facility Menu Page

Name of Facility (if prepared off-site): _____ Facility Phone#: _____

Address of Facility: _____

Facility Contact Person: _____

List all potentially hazardous foods you plan on serving in the chart below. All food must be from an approved source and prepared in a licensed food service facility or on-site at the event. Changes to menu items must be made at least 48 hours prior to the event. Failure to list menu items may result in a delay of license approval or a denial.

Menu Item	Place of Preparation	Method of Cold Holding*	Method of Cooking***	Method of Hot Holding**	Method of Cooling (if applicable)	Method of Reheating (if applicable)
Ex. Chicken	At fairgrounds	Cooler with ice at a temperature below 41°F	On-site, on grill, to a temperature above 165°F	Chaffing pans at a temperature of 135°F	N/A	N/A

*Cold Holding (minimum):

All Foods: 41°F; 45°F Shell Egg & Shellfish; Pasteurized Crabmeat: 38°F

**Hot Holding (minimum):

All Foods: 135°F

***Minimum Cook Temps:

See Temperature Control Chart for Potentially Hazardous Foods

Poultry: 165°F; Ground meat: 155°F; Pork/Seafood: 145°F;

Commercially precooked foods: 135°F;

Whole Roast: 130°F for 112 minutes

Cooling:

All Foods: 135°F – 70°F within 2 hours and 70°F - 41°F within an additional 4 hours

Reheating:

All Foods: 165°F within 2 hours