



Harford County Health Department

Main Office: 120 S. Hays Street • P.O. Box 797 • Bel Air, Maryland 21014 • 410-838-1500

Public Health
Prevent. Promote. Protect.
Harford County
Health Department

Russell W. Moy, MD, MPH • Acting Health Officer
Marcy Austin • Deputy Health Officer



410-877-2305/410-879-2684
FAX # 443-643-0333

APPLICATION FOR A TEMPORARY FOOD SERVICE FACILITY LICENSE

**Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulations (COMAR) 10.15.03
Governing Food Service Facilities**

****SUBMIT COMPLETED FORM AT LEAST 10 DAYS PRIOR TO EVENT****

A LICENSED CATERER IS NOT REQUIRED TO OBTAIN A TEMPORARY FOOD SERVICE FACILITY LICENSE FOR A PUBLIC EVENT BUT MAY BE SUBJECT TO INSPECTION.

EVENT INFORMATION:		
Name of Event:	Date(s) of Event:	Set Up Date & Time:
Location of Event (Where in Harford County is event being held?):		
Event Coordinator or Promoter:	Event Coordinator or Promoter's Phone Number:	
APPLICANT INFORMATION (Who is serving the food during the event?):		
Applicant/Business Name:	Contact Person:	
Mailing Address:	Best Daytime Phone Number:	
	Cell Phone Number:	
Email Address:		

APPLICANT NAME (Print Clearly): _____

APPLICANT SIGNATURE _____ DATE _____

The fee is \$25.00 per event and is non-refundable*. The Harford County Health Department accepts cash, checks, or money orders. Please make checks or money orders payable to HARFORD COUNTY. *There is no fee for non-profit organizations.

OFFICIAL USE ONLY

I.D. NUMBER _____ DATE ISSUED _____

APPROVED BY _____

BEL AIR OFFICE
1 N. Main Street
Bel Air, MD 21014
410-638-3060

EDGEWOOD OFFICE
1321 Woodbridge Station Way
Edgewood, MD 21040
410-612-1779

EDGEWOOD OFFICE
2204 Hanson Road
Edgewood, MD 21040
443-922-7670

HAVRE DE GRACE OFFICE
2027 Pulaski Highway
Havre de Grace, MD 21078
410-939-6680

HAVRE DE GRACE OFFICE
2015 Pulaski Highway
Havre de Grace, MD 21078
410-942-7999

TEMPORARY FOOD SERVICE FACILITY INFORMATION SHEET

Source of Water: _____
(Private wells must have Health Department approval)

Sewage Disposal: _____
(Describe method of disposal for wastewater generated by food service operation)

LIST ALL FOOD AND BEVERAGES WHICH WILL BE SERVED (OR PROVIDE MENU):

1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT?
No storage or food preparation is permitted from a home or an unlicensed facility. Provide name, address and copy of license for any commercial facility used.

Name and address of facility: _____

2. WHERE WILL FOOD SERVED AT THE EVENT BE PURCHASED?

Name and location of supplier: _____

3. HOW WILL YOU KEEP COLD FOOD COLD (41°F or below)? List *cold holding* equipment.
(Examples of cold holding equipment include coolers with ice, refrigerators and freezers.)

4. HOW WILL YOU KEEP HOT FOOD HOT (135°F or above)? List *cooking and hot holding* equipment.
(Examples of hot holding equipment include chafing dishes, electric hot holding cabinets, and grills.)

5. DESCRIBE THE HAND WASHING FACILITIES IN YOUR BOOTH.
(Soap, paper towels, and potable rinse water must be supplied.)

6. DESCRIBE WASH-RINSE-SANITIZE SET-UP. (For example, if one of your cooking utensils falls on the ground, how will you wash, rinse, and sanitize it?)
