



**HARFORD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

120 S. Hays Street
P.O. Box 797
Bel Air, MD 21014

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

**APPLICATION FOR A TEMPORARY
FOOD SERVICE FACILITY LICENSE**

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

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 (front/back) at least 10 days prior to the date of the Event**
 - **The fee is \$25.00 per event and is non-refundable** *There is no fee for Non-Profit organizations.
 - **The Harford County Health Department accepts cash, checks, or money orders.**
Please make checks or money orders payable to 'HARFORD COUNTY'
- Note: **If the event is canceled due to weather, a 'RAIN DATE' must be entered below for the payment to be applied.
***A Licensed Caterer is not required to obtain a Temporary Food Service Facility License for a Public Event, but may be subject to inspection.*

<input type="checkbox"/>	EVENT INFORMATION	NAME OF EVENT:	
Date of Event(s):		Set Up Date & Time:	RAIN DATE:
Location of Event (where in Harford County is event being held? Facility, location on grounds):			
Event Coordinator or Promoter:		Event Coordinator or Promoter's Phone Number:	

<input type="checkbox"/>	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:			

<input type="checkbox"/>	FOOD FACILITY INFORMATION <i>COMPLETE – Page 2 on back</i>	<i>**Must be completed when submitting this application for review</i>
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<input type="checkbox"/>	APPLICANT NAME	<i>Print Clearly: (sign and date below)</i>
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_____ _____
Applicant Signature Date

OFFICIAL USE ONLY

I.D. NUMBER: _____ DATE ISSUED: _____

APPROVED BY: _____

TEMPORARY FOOD SERVICE FACILITY INFORMATION

Source of Water:	
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****Private wells must have Health Department approval – Attach recent water results with application.**

Sewage Disposal:	
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****Describe method of disposal for wastewater generated by food service operation.**

<input type="checkbox"/>	List all food and beverages which will be served (or provide menu):

<input type="checkbox"/>	Where will food be stored and/or prepared prior to the event? **<u>No</u> storage or food preparation is permitted from a home or an unlicensed facility.
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Provide: Facility name Facility address <i>*Include a copy of the license for any commercial facility used</i>	

<input type="checkbox"/>	Where will food served at the event be purchased?
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Name and address of facility:	
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<input type="checkbox"/>	How will you keep cold food <u>Cold</u> (41 F or below)? List ‘cold holding’ equipment.
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(Examples of cold holding equipment include coolers with ice, refrigerators and freezers)

<input type="checkbox"/>	How will you keep hot food <u>Hot</u> (135 F or above)? List ‘cooking & hot holding’ equipment.
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(Examples of hot holding equipment include chafing dishes, electric hot holding cabinets, and grills)

<input type="checkbox"/>	Describe the hand washing facilities in your booth: **<u>Soap, paper towels, and potable rinse water must be supplied.</u>
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<input type="checkbox"/>	Describe Wash-Rinse-Sanitize Set-up:
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(For example, if one of your cooking utensils falls on the ground, how will you wash, rinse, and sanitize it?)
