

**LICENSE FEE= \$60.00 Certified Operator**  
**\$150.00 Non-Certified Operator**

(No fee required for bonafide, nonprofit agency)  
Make check payable to Worcester County Commissioners

**Send application to: Worcester County Health Department**  
**13070 St. Martin's Neck Rd.**  
**Bishopville, MD 21813**  
**410-352-3234 or Fax# 410-352-3369**

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

Application is hereby made to operate a temporary food facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities. Application and fee must be received in this office 10 business days prior to the event.

PLEASE PRINT OR TYPE

Facility/Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Facility Owner/ Organization Chairman \_\_\_\_\_ Phone \_\_\_\_\_

Certified Operator(s) \_\_\_\_\_ ID#(s) \_\_\_\_\_

*(Certified operator(s) must be on site during all operational hours)*

Transit and storage vehicle information-Make \_\_\_\_\_ Model \_\_\_\_\_ Tag# \_\_\_\_\_

Dates of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Name/Location of Event \_\_\_\_\_

**REFER TO OPERATING STANDARDS ON LAST PAGE PRIOR TO COMPLETING ITEMS 1-15**

**Please circle all items that apply**

1. Location of food preparation?  
On- Site      Licensed Facility
2. Means for transporting food to site?  
Refrigerated Truck      Coolers
3. Means to elevate food off the ground surface?  
Tables      Racks
4. Type of overhead protection provided?  
Tent      Canopy      Roof
5. Means to maintain cold food temperatures?  
Refrigerator      Cooler
6. Hot food holding unit?  
Yes      No
7. Potable water source?  
Well      Public Supply
8. Means to protect exposed foods?    Sneeze Guards    3ft. distance

**Please fill in the blanks**

9. Menu Items \_\_\_\_\_  
\_\_\_\_\_
10. Food Sources (grocery, retailer, etc.) \_\_\_\_\_  
\_\_\_\_\_
11. Size of 3 containers for washing, rinsing, and sanitizing?  
\_\_\_\_\_ gallons
12. Size of hand washing container to be provided?  
\_\_\_\_\_ gallons
13. Size of container for collecting waste water? \_\_\_\_\_
14. Number of thermometers for food monitoring? \_\_\_\_\_
15. Site Plan Completed? \_\_\_\_\_

**STATEMENT OF WORKERS' COMPENSATION ON REVERSE**

**MUST BE FILLED OUT FOR APPLICATION TO BE ACCEPTED AND APPROVED**

**I understand that failure to comply with the minimum operating standards and have a certified operator on site may result in the immediate suspension of the operating license- therefore all food operations must cease IMMEDIATELY.**

Signature of Applicant \_\_\_\_\_ Position \_\_\_\_\_

Date Submitted \_\_\_\_\_

-----OFFICE USE ONLY-----

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_