

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 _____