

Carroll County Health Department

Susan M. Doyle, R.N.
Health Officer

Robert P. Wack, M.D.
Deputy Health Officer

Elizabeth Cianci, JD, MBA, MSN,
PMHRN-BC Deputy Health Officer Operations

Elizabeth Staley, L.E.H.S.
Director, Environmental Health



Public Health
Prevent. Promote. Protect.

Special Food Service Facility Temporary License

Fee for Application is \$25 and is non-refundable

Event Information	Name of Event:		Event Date and Time:
	Event Address Location		
	Event Contact Name	Daytime Phone Number	Email Address
Applicant Information	Trading Name		Applicant Phone Number
	Name of Applicant		Applicant Cell Phone Number
	Applicant Mailing Address		Applicant E-mail Address
	City	State	Zip Code
Do you have a Food Service Facility License in the State of Maryland? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a copy of your license.)			
Water Supply	Public water on site: <input type="checkbox"/> yes <input type="checkbox"/> no (If no, the license holder is responsible for providing potable water)		
Menu Foods - Indicate the Source of the food and Equipment used			
FOOD ITEM		SOURCE	EQUIPMENT UTILIZED
Workers' Compensation	<input type="checkbox"/> This business or person does not and will not employ a covered employee, as defined at Md. Code Ann., Labor and Employment Title 9		
	<input type="checkbox"/> Workers' Compensation Insurance Company and Binder Number (or attach copy of exemption of self-insurance certificate)		
	Company Name	Binder #	
My signature below constitutes my agreement to comply with all Maryland regulations and Guidelines for a Special Food Service Facility.			
Printed Name of Applicant		Signature of Applicant	Date of Signature

290 S. Center Street, Westminster, MD 21157

410-876-1884 Fax: 410-876-4430 Toll Free: 800-966-3877 Website: cchd.maryland.gov

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