



Edwin F. Singer, L.E.H.S.  
Director

## Vendor Form

Applicant's Name: \_\_\_\_\_

Applicant's Home Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a Food Service Facility License in the State of Maryland? \_\_\_\_Yes \_\_\_\_No

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

I do hereby make application to operate a stall or stand under the temporary Food Service Facility License issued too the above-noted sponsoring organization. In making this application, I agree to comply with all pertinent Health Department regulations.

The foods and equipment I intend to use are as follows:

### Foods

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Equipment

Hand-washing facility with soap and disposable towels  
  
3-pan dishwashing set-up with soap and water, rinse water, and sanitizer water (Separate from hand-washing station)  
  
Food Thermometer(s) and Disposable Gloves  
  
Cooking Equipment: \_\_\_\_\_  
  
Hot Hold Equipment: \_\_\_\_\_  
  
Cold Hold Storage: \_\_\_\_\_  
  
Other: \_\_\_\_\_

Fee \$15 Paid \_\_\_\_\_

Vendor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Food must be prepared and stored at event location or a licensed approved food service facility.**