



Edwin F. Singer, L.E.H.S.
Health Officer, Carroll County

Public Health
Prevent. Promote. Protect.

Leigh T. Broderick, L.E.H.S.
Director, Environmental Health
Andrea Drenner-Hanley, L.E.H.S.
Assistant Director, Environmental Health

SPECIAL FOOD SERVICE FACILITY - TEMPORARY LICENSE

I hereby make application for a license to operate a Special Food Service Facility and agree to comply with the following for the duration of the event:

1. An adequate supply of potable water will be provided.
2. Adequate and conveniently-located toilet and hand washing facilities will be available.
3. Wastewater shall be disposed of by an acceptable means as determined by the approved authority.
4. Premises shall be kept clean.
5. Food shall be prepared, stored, and dispensed in a manner that prevents contamination or spoilage. All foods served shall be wholesome, free from spoilage, and fit for human consumption.
6. Potentially hazardous foods shall be maintained at temperatures below 41°F. or above 135°F.
7. The facility will be operated in accordance with the conditions stated above and with any applicable section of Maryland Regulation 10.15.03 governing "Food Service Facilities".

Name of Proposed Event: _____

Foods to Be Served: _____

Exact Location of Event: _____

ALL FOODS MUST BE STORED AND PREPARED AT THE ABOVE LOCATION.
****All foods must be prepared the day of the event. No foods may be cooled under temporary license****

Do you have a Food Service Facility License in the State of Maryland or elsewhere? Yes ___ No ___
Is yes, please specify location and type of license: _____

Public Water on Site: Yes _____ No _____ (If no, the license holder is responsible for providing potable water)

Property Owner: _____

Address: _____ Phone: _____

Date(s) of Operation: _____ Hours: _____

Sponsoring Organization: _____

Address: _____ Phone: _____

Applicant: _____

Address: _____ Phone: _____

Applicant's Signature: _____ Date: _____

HEALTH DEPARTMENT USE ONLY

License Number _____	Date Approved _____
Reviewed By _____	Date(s) Valid _____
Fee \$25	Paid _____

