



Edwin F. Singer, L.E.H.S.
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Public Health
Prevent. Promote. Protect.

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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. **Please Provide A Copy Of Your Current Food Service Facility License**
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: _____

Vendor's Signature _____ Fee \$15 Paid _____ Date _____

****All foods must be prepared the day of the event. No foods may be cooled under temporary license****

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

A Founding Member of *The Partnership for a Healthier Carroll County, Inc.*