

# Carroll County Health Department



Susan M. Doyle, R.N.  
Health Officer

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

Andrea Drenner-Hanley, L.E.H.S.  
Director, Environmental Health

**Public Health**  
Prevent. Promote. Protect.

## Special Food Service Facility Temporary License

Fee for Application is \$25 and non-refundable

|  |  |                        |                             |
|--|--|------------------------|-----------------------------|
| Event Information  | Name of Event  |                        | Event Date(s)               |
|  | Event Address Location   |                        |                             |
|  | Event Contact Name   | Daytime Phone Number   | Email Address               |
| Applicant Information  | Trading Name Organization  |                        | 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, 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)  |                        |                             |
| <b>Menu Foods - Indicate the Source and Equipment used</b>   |  |                        |                             |
|  | Menu Item  | Source of Food         | 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)<br>Company Name <span style="float: right;">Binder #</span> |                        |                             |
| 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

410-876-2152 Fax: 410-876-4988 Toll Free: 800-966-3877 Website: [cchd.maryland.gov](http://cchd.maryland.gov)

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