HOWARD COUNTY HEALTH DEPARTMENT

**Bureau of Environmental Health**
**8930 Stanford Blvd | Columbia, MD 21045**
**410.313.2640 - Voice/Relay**
**410.313.2648 - Fax**
**1.866.313.6300 - Toll Free**

**Maura J. Rossman, M.D., Health Officer**

**Application is hereby made to operate a temporary food establishment in accordance with Howard County Code, Section 12.107. Application must be submitted at least 14 days prior to the event to allow for review and processing. TEMPORARY FOOD SERVCE APPLICATION PERMIT IS NOT TRANSFERRABLE /FEE IS NON-REFUNDABLE.** The Howard County Health Department reserves the right to deny late, incomplete or fraudulent license application. License application received without a fee will not be processed. Please make checks/money order payable to "Director of Finance" (Fee: $72.00).

***No storage or food preparation is permitted from home or from an unlicensed food facility.***

**SUBMIT COMPLETED FORM 2-WEEKS PRIOR TO EVENT.**

Name of Event: _____ Date of Event: _____ to _____

Location of Event: _____ Time of Event: _____

Event Coordinator: _____ Coordinator's Phone #: _____ Email: _____

Owner's Name: _____ Phone #: _____ Email: _____

Name of Food Facility: _____ Food Business LLC: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Number of Booth or Tent: Booth _____ Tent _____ Food Truck/Trailer: _____ Set-Up: Outside ☐ Inside ☐

**Water Supply**: Public ☐ Private ☐ **Sewage Disposal**: Public ☐ Septic System ☐

Provide proof of Non-Profit Tax-Exempt status with application. Tax Exempt Identification Number: _____

Do you have an issued Food Service Permit? ☐ Yes ☐ No. If yes, provide a copy with this application.

**I have read and understand the "Standards for the Dispensing of Food from Temporary Facilities" packet and I agree to comply with all of the requirements.**

Applicant Signature: _____ Position: _____ Date: _____

| | |
|---|---|
| Make Check / Money Order payable to: DIRECTOR OF FINANCE.<br>Send completed application and fee to:<br><br>Howard County Health Department<br>Bureau of Environmental Health – Food Protection Program<br>8930 Stanford Blvd., Columbia, MD 21045 (410) 313-1772 | **FOR OFFICE USE ONLY**<br>FEE DUE: $72.00<br>DATE: RECEIPT #:<br><br>Application fee is Non-refundable |

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# TEMPORARY FOOD FACILITY INFORMATION SHEET

*(Return with the Temporary Food Service Application)*

Name of Event: _____ Date of Event: _____ to _____

Name of Food Booth: _____ Email: _____

Name of Food Booth Operator: _____ Phone #: _____

1. WILL FOOD/BEVERAGE BE STORED OR PREPARED AT ANOTHER LOCATION PRIOR TO THE EVENT? ☐ Yes or No ☐

   Name and address of second location: _____

   A copy of your food license and last inspection report is required if food is not prepared onsite or if food is stored at a facility prior to service at the event. ***No storage or food preparation is permitted from a private home or an unlicensed facility.***

2. WHERE WILL FOOD SERVED AT THE EVENT BE PURCHASED?

   Name(s) of Food Supplier: _____

   Address(s) of Food Supplier: _____

3. KEEP COLD FOOD COLD (41°F or below): Examples of cold food are dairy products, raw meats, precooked meats, food products or desserts that require refrigeration. *Include list of cold hold equipment.* **How will you maintain cold food temperature during transportation?**

   _____

   **How will you maintain cold food temperature during the event**?

   _____

4. KEEP HOT FOOD HOT (135°F or above): Examples of hot food are cooked meats, cooked rice, cooked vegetables, cooked pasta or any ready-to-serve hot food products. *Include list of hot hold equipment.*
   **How will you maintain hot food temperature during transportation?**

   _____

   **How will you maintain hot food temperature during the event**?

   _____

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5. DESCRIBE THE HAND WASHING FACILITIES IN YOUR BOOTH: Hand sanitizer or wipes is not accepted in place of a handwash set-up. Soap, paper towels and warm water must be supplied at your booth area. **Describe your handwash facility at your booth.**

_____

6. IF ONE OF YOUR COOKING UTENSILS FALLS ON THE GROUND, HOW WILL YOU WASH, RINSE, AND SANITIZE IT? **Describe your wash-rinse-sanitize set-up**.

_____

7. LIST OR PROVIDE A MENU OF ALL FOOD AND BEVERAGE ITEMS THAT WILL BE SERVED:

_____ _____

_____ _____

_____ _____

List the food item(s) that will be prepared in advance of the event:

_____ _____

_____ _____

_____ _____

**4.** PROVIDE A SKETCH OF YOUR FOOD BOOTH BELOW. (Show equipment, handwashing, utensil washing area. Include method of compliance with enclosed screening requirements.) ***Provided a separate sheet with the sketch of your booth, tent or mobile unit set-up.***