

# APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE FACILITY

Wicomico County Health Dept, 108 E. Main St, Salisbury, MD 21801, Phone 410-546-4446, Fax 410-219-2882

**FEE \$75** (Except IRS Non-Profit & Licensed Wicomico Food Facilities). **Notice:** Submit application at least 2 weeks prior to the event. Applications received less than 5 business days prior to the event may be disapproved. Complete all lines of form.

Facility/Organization Name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Day Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Event Name \_\_\_\_\_ Exact Event Location \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Hours of Operation \_\_\_\_\_

All Menu Items: \_\_\_\_\_

1. Where food prepared (circle): on site at event / licensed facility named \_\_\_\_\_. Attach copy of food license.
2. Name(s) of store(s) supplier(s) where ingredients are purchased? \_\_\_\_\_
3. Where is ice purchased? \_\_\_\_\_ Ample Supply? (circle one) yes / no
4. Date food purchased? (Food must be purchased the day of the event unless stored in a licensed food facility) \_\_\_\_ / \_\_\_\_ / \_\_\_\_
5. Means to cold hold food 41°F or less **in transport** (circle): refrigerated truck / powered refrigerator / freezer / coolers with ice
6. Means to elevate food/food items 6 inches off ground (circle): tables / pallets / racks / other \_\_\_\_\_
7. Type of overhead protection for exposed food/ equipment provided (circle): tent / canopy / trailer / other \_\_\_\_\_
8. Means to hold cold food 41°F or below **during event** (circle): iced coolers / powered refrigerator / powered freezer / refrigerated truck
9. Type of unit provided to hold hot food at 135°F or above (circle): steam table / grill / other \_\_\_\_\_
10. Equipment used to cook or rapidly reheat foods to 165°F? \_\_\_\_\_
11. Number of food thermometers to be provided? (required if cooking food, min internal cook temp is as follows: seafood, fish, and pork 145°F, ground meat products 155°F, and poultry or reheated foods 165°F) \_\_\_\_\_
12. Hand wash facility to be provided at booth (circle): trailer hand sink / portable hand sink / bottled water jug with spigot that locks in open and closed position / igloo jug with spigot that locks in open and closed position / coffee urn / other \_\_\_\_\_
13. Soap & paper towels provided as required? (circle one) yes / no
14. Utensil cleansing method (circle one): 3 compartments with bleach or quat & proper test strips / spare clean pre-wrapped utensils
15. How is waste water collected and held (circle): bucket / holding tank / other \_\_\_\_\_
16. Waste water disposal site (circle): event tank / sanitary sewer / other \_\_\_\_\_
17. Water source (circle): bottled water / town of \_\_\_\_\_ public water system / event / other \_\_\_\_\_
18. Number of trash receptacles provided? Note applicant is required to provide at least 1 for use in booth. (Circle one) 1 / 2 / 3+
19. Type of required toilet facilities provided (circle): permanent toilet fixture / porta potty / other \_\_\_\_\_
20. If event is a non profit organization bake sale, are you complying with the requirements below? (circle one) yes / no / not applicable  
**BAKED GOODS:** Baked goods are breads, cakes, and pastries that are cooked with dry heat. The only homemade baked goods that may be provided to the public with or without charge are those that are non-potentially hazardous. Many baked goods are non-potentially hazardous chiefly because of low water activity. Fruit pies made from high acid fruits such as apples, cherries, strawberries, peaches, blueberries, blackberries, etc. are acceptable. Potentially hazardous baked goods such as pumpkin, sweet potato pies, cheesecakes, and pastries with potentially hazardous fillings or toppings are prohibited. Foods shall not be prepared in homes where there are house pets, reptiles, birds, etc. All foods shall be prepared, portioned, and packaged in a sanitary environment at the food preparation site prior to transporting to the sale location. Food preparers shall not have open wounds or sores on hands or forearms and be in general good health.

**I understand that failure to comply with COMAR 10.15.03 Regulations Governing Food Service Facilities will result in the automatic suspension of the operating license, and all food operations must cease IMMEDIATELY.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Dept. Signature \_\_\_\_\_ Date \_\_\_\_\_ **Conditionally Approved** \_\_\_\_\_ **Disapproved** \_\_\_\_\_