

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.

Applicant / 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 Food and Drink Menu Items: _____

- Where food prepared (circle): on site at event / licensed facility named _____
If licensed facility is not in Wicomico County, submit copy of food license. Food purchased in advance must be stored in a licensed food facility.
- Date food purchased? ____/____/____ Where is food stored prior to event? _____
- Name(s) of store(s) or supplier(s) where ingredients are purchased? _____
- Name(s) of store(s) or supplier(s) where ice is purchased? (Must have ample supply) _____
- Means to hold cold food 41°F or less **in transport** (circle): refrigerated truck / powered refrigerator / freezer / coolers with ice
- Means to elevate food/food items a minimum of 6 inches off ground (circle): tables / pallets / racks / crates / other _____
- Type of overhead protection provided for exposed food/equipment (circle): tent / canopy / trailer / in building / other _____
- Means to hold cold food 41°F or below **during event** (circle): iced coolers / powered refrigerator / powered freezer / refrigerated truck
- Type of unit provided to hold hot food at 135°F or above (circle): electric warmer / steam table / grill / Sterno / other _____
- Equipment used to cook or rapidly reheat foods to 165°F? (Sternos not acceptable) _____
- Number of food thermometers provided to check cold holding, hot holding and cooking? (Minimum internal cook temps are as follows: seafood, fish, and pork 145°F, ground meat products 155°F, and poultry or reheated foods 165°F) _____
- 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 _____
- Soap & paper towels provided as required? (**Hand sanitizer cannot be substituted**) (circle) yes / no
- Utensil cleansing method (circle one): 3 compartments with bleach or quat & proper test strips / spare clean pre-wrapped utensils
- How is waste water collected and held (circle): bucket / holding tank / other _____
- Waste water disposal site (circle): event tank / sanitary sewer / town of _____ public sewer / other _____
- Water source (circle all that apply): bottled water / town of _____ public water system / event provided / other _____
- Number of trash receptacles provided? (Applicant is required to provide at least 1 for use in booth) (Circle) 1 / 2 / 3+
- Type of required toilet facilities provided (circle): permanent toilet fixture / event port-a-potty / none / other _____
- If event is a non profit organization bake sale, are you complying with the requirements below? (circle one) yes / no / not applicable
BAKED GOODS: The only homemade baked goods that may be provided to the public with or without charge are those that are non-potentially hazardous such as breads, cakes, and pastries that are cooked with dry heat. Many baked goods are non-potentially hazardous 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. All foods shall be prepared, portioned, and packaged in a sanitary environment at the food preparation site prior to transporting to the event 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 the above requirements (COMAR 10.15.03) will result in the automatic suspension of the operating license, and all food operations must cease IMMEDIATELY.

Applicant Signature _____ Date _____

Health Dept. Signature _____ Date _____ **Approved** _____ **Disapproved** _____