



Baltimore County Department of Health  
 Division of Environmental Health Services  
 6401 York Road, 3<sup>rd</sup> Floor | Baltimore, MD 21212  
 Phone: 410-887-3663 | Fax: 410-887-3392 | Email: [ehs@baltimorecountymd.gov](mailto:ehs@baltimorecountymd.gov)



**TEMPORARY EVENT FOOD SERVICE FACILITY PERMIT APPLICATION**  
**PERMIT IS NOT TRANSFERABLE | FEE IS NON-REFUNDABLE**

Applicants must complete the form at least 14 days prior to the event. The Baltimore County Department of Health reserves the right to deny any incomplete or fraudulent permit application. Please make checks/money orders payable to "BALTIMORE COUNTY, MARYLAND." **(Fee: \$35 per day)**

Date(s) of Event: \_\_\_\_\_ to \_\_\_\_\_ Time(s) of Event: \_\_\_\_\_

Name of Event: \_\_\_\_\_ If Outdoors,  Stand  Tent  Mobile Unit

Address of Event: \_\_\_\_\_

Event Coordinator/Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Annual Food Service Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Temporary Food Service Facility, if different than annual facility: \_\_\_\_\_

Address of Annual Food Service Facility: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Jurisdiction Issuing Food Service Facility Permit:  Baltimore County PR # (located on permit): \_\_\_\_\_

Other: \_\_\_\_\_ **Please provide copy of annual permit with this application**

Workers' Compensation required for all permit applications.

Check the following item(s) supplied for the facility by the event organizer:

Electricity  Refrigeration  Recycling  Garbage Pick-up  Toilet facilities  Grease Disposal

Drinking Water Hoses  Waste Water Disposal

**FOR OFFICIAL USE ONLY**

Fee: \_\_\_\_\_ Number of Days: \_\_\_\_\_ Paid?  Yes  No  NA Date: \_\_\_\_\_

Temp Event Permit # \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_

Staff Initials for Review \_\_\_\_\_ Approved?  Yes  No Date Approved: \_\_\_\_\_ by: \_\_\_\_\_

Comments:

**BALTIMORE COUNTY DEPARTMENT OF HEALTH/ENVIRONMENTAL HEALTH SERVICES**  
**TEMPORARY EVENT FOOD SERVICE FACILITY PERMIT APPLICATION**  
*(Please attach additional sheets if more space is required)*

1. List all food and beverage items to be prepared, served, or sampled. (NOTE: Any changes to the menu must be submitted to and approved by the Approving Authority at least 10 days prior to the event.)

Food/Menu Items	Advanced Prep	Prepared at Event
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*\*Please note food preparation may not exceed more than 7 days prior to the event.\**

2. Will food/beverages be stored/prepared at a second location prior to the event?  Yes  No

Address of second location: \_\_\_\_\_

***Please provide proof of storage and/or preparation facility licensure and ID number, or a copy of the most recent inspection report by the licensing authority***

3. Where will the food/beverages be purchased? *Please ensure that name(s) and location(s) of supplier(s) are included for all items listed in #1*

4. How do you plan to keep cold food (raw meat/seafood, dairy products etc.) at 41 degrees F or below?  
*Include list of cold hold equipment*

5. How do you plan to keep hot food (cooked, ready to serve meat, poultry, seafood etc.) at 135 degrees F or above?  
*Include list of hot hold equipment*

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6. Describe the number, location and set up of handwashing stations used by food handlers.
  
  
  
  
  
  
  
  
  
  
7. Identify the source of the potable water supply and describe how water will be stored and distributed at the event. *If a non-public water supply is to be used, provide the results of the most recent water testing.*
  
  
  
  
  
  
  
  
  
  
8. How do you plan to wash, rinse, and sanitize dishes, utensils, containers, etc? *Include how waste water will be handled.*
  
  
  
  
  
  
  
  
  
  
9. Describe how electricity will be provided to your stand or mobile unit during the event.
  
  
  
  
  
  
  
  
  
  
10. Please add any additional information about your Temporary Food Establishment that should be considered:
  
  
  
  
  
  
  
  
  
  
11. Please attach a sketch of your Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers and customer service areas.

- .....
- I have read and examined the above application and know the same is true and correct, and that in operating a food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, those of Baltimore County and the State of Maryland.
  - I understand that falsification of this application may result in denial, suspension, or revocation of the permit.

Owner/Operator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

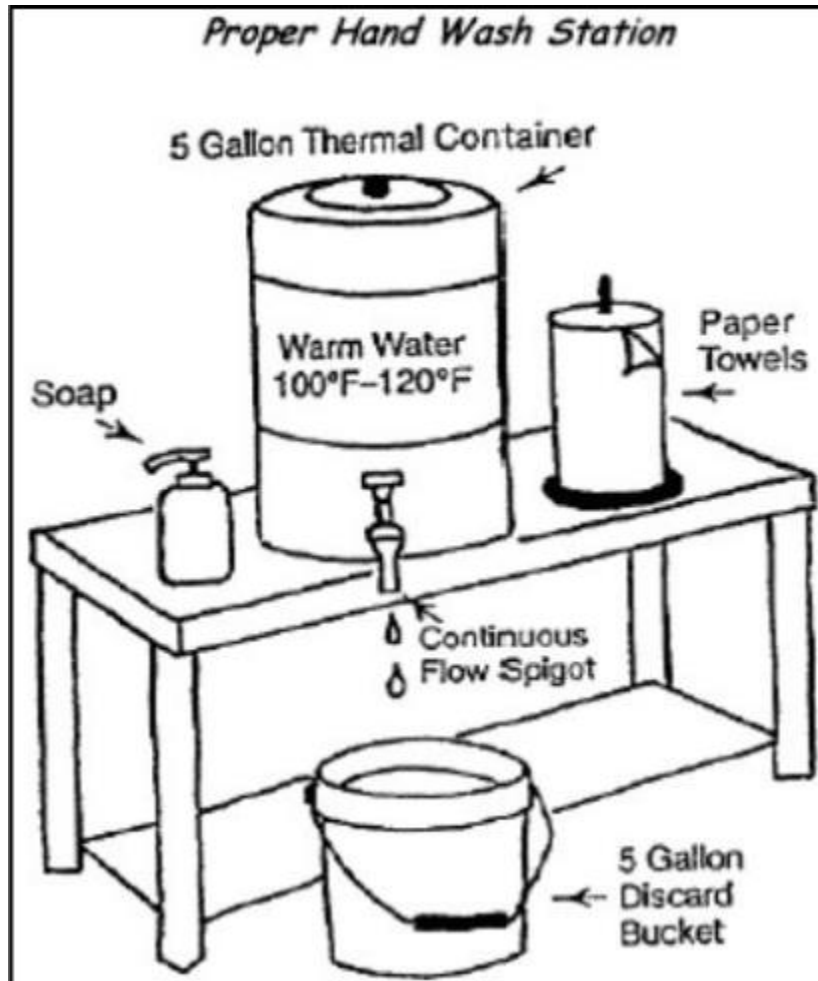
Printed Name of Owner/Operator: \_\_\_\_\_

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Applicant contacted by phone  
 Inspection date: \_\_\_\_\_

All answers reviewed and vetted  
Inspectors Initials: \_\_\_\_\_

Baltimore County Department of Health  
Environmental Health Services  
Temporary Event Food Facility Information  
Temporary Event Handwashing Facility



Set up the handwashing facility **FIRST!** This must be done prior to handling food and utensils.

Handwashing facilities must have warm running water, dispensed soap, paper towels, and a waste basket. If plumbing is not available at the temporary food service, a temporary handwash station shall be set up. Fill a five gallon container (which has a faucet type spout) with warm water and provide a catch basin for the wastewater.

Handwashing is very important when working with food and drinks. Handwashing removes microorganisms that are known to cause illness. Food workers need to wash hands after touching face or hair, changing tasks, after handling raw meats, between glove changes, and anytime hands may have been contaminated.



JOHN A. OLSZEWSKI, JR  
County Executive

GREGORY WM. BRANCH, M.D., MBA, CPE, FACP  
Health Officer, Department of Health

Division of Environmental Health Services  
Phone: 410-887-3663 | Fax: 410-887-3392

### Baltimore County Department of Health/Division of Environmental Health Services Statement of Workers' Compensation Insurance

Maryland Health-General Code Annotated Section §1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the Maryland Worker's Compensation Act or the number of a workers' compensation insurance policy or binder. Information regarding a waiver or certificate of compliance may be obtained by calling the Maryland Workers' Compensation Commission at 410-864-5100.

**Please complete the following and return the SIGNED statement with the application:**

Name of Facility/DBA \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

Type of Business: Individual Corporation Co-Ownership Partnership Other, Specify: \_\_\_\_\_

Phone \_\_\_\_\_ Fax/Email \_\_\_\_\_

Contact Person (Owner) \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

**CHECK ONE:**

- 1. I have Workers' Compensation Insurance. Ins. Company \_\_\_\_\_  
(Attach copy of Declaration Page) Policy/Binder # \_\_\_\_\_
- 2. I have no employees, therefore I am not required to have Workers' Compensation insurance.
- 3. I am exempt from having Workers' Compensation insurance per Md. Labor and Employment Code Ann §9-206. (Attach Copy of WCC Exclusion Form IC-16)
- 4. I am self-insured per Md. Labor and Employment Code Ann §9-405. (Attach Copy of WCC Approval §9-403)
- 5. A waiver has been received from the MD Workers' Compensation Commission. (Attach copy of the waiver)

*I have examined and read the above information and know the same is true and correct and, that in operating this food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, the State of Maryland and Baltimore County in operating a food service facility. I understand that falsification of any information may result in the denial, suspension or revocation of the license. By signing this form, I agree that my facility will be inspected to ensure the requirements are met.*

*I hereby attest and certify, under penalties of perjury, to the best of my knowledge and belief that I am the authorized agent of the Applicant.*

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

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**DO NOT WRITE BELOW THIS LINE**

Date of Processing	Processed by	Permit Number	Facility Number
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