



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
TEMPORARY FOOD SERVICE APPLICATION**

**Application is hereby made to operate a temporary food establishment in accordance with Howard County Code, Section 12.107. Please type or print clearly.**

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

SUBMIT COMPLETED FORM <u>2-WEEKS</u> PRIOR TO EVENT.		
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.		
Name of Event:	Date of Event:	Time of Event:
Location of Event:		
Event Coordinator or Contact Person:	Phone #:	
Owner's Name:	Business Name:	
Mailing Address:		
City, State:	Zip Code:	

How many of each of the following types of food service will you be operating at this event?  
Booth: \_\_\_\_\_ Trailer: \_\_\_\_\_ Other [describe] \_\_\_\_\_

**Water Supply:** [ ] Public [ ] Private **Sewage Disposal:** [ ] Public [ ] Septic System

Provide proof of Non-Profit status with application: Tax Identification Number \_\_\_\_\_

Do you have an Out of State/County License? [ ] Yes [ ] No

If you selected “Yes”, please complete the following:

Name of Agency that issued the license:
Agency Address:
Agency Phone Number:

**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.**

\_\_\_\_\_  
(Authorized signature) (Date) (Title)

Make Check / Money Order payable to: DIRECTOR OF FINANCE Send completed application and fee (no cash) to:  HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH – FOOD PROGRAM 8930 Stanford Blvd., Columbia, MD 21045 (410) 313-1772	<b>FOR OFFICE USE ONLY</b> FEE DUE: \$72.00 DATE DUE: RECEIPT NO:  Application fee is Non-refundable
--	---

# TEMPORARY FOOD FACILITY INFORMATION SHEET

(Return with the Temporary Food Service Application)

Name of Event:	Date of Event:
Name of Food Booth:	
Name & Phone Number of Food Booth Operator:	

You may use the back of this paper if you require more space for the questions below.

1. WHERE WILL FOOD BE STORED AND/OR PREPARED PRIOR TO THE EVENT?  
***No storage or food preparation is permitted from a home or an unlicensed facility.*** Include proof of storage and/or preparation facility licensure and ID number, and a copy of the most recent inspection report by licensing agency.

Address of Facility: \_\_\_\_\_

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

Name and Location of Supplier: \_\_\_\_\_

3. HOW WILL YOU KEEP COLD FOOD COLD (41°F or below)? Include list of *cold hold* equipment. (Examples of cold food are: raw meat, poultry, seafood and dairy products)

\_\_\_\_\_

4. HOW WILL YOU KEEP HOT FOOD HOT (135°F or above)? Include list of *hot hold* equipment. (Examples of hot food are: cooked, ready-to-serve meat, poultry, and seafood)

\_\_\_\_\_

5. DESCRIBE THE HAND WASHING FACILITIES IN YOUR BOOTH:  
(Soap, paper towels and warm water must be supplied.)

\_\_\_\_\_

6. IF ONE OF YOUR COOKING UTENSILS FALLS ON THE GROUND, HOW WILL YOU WASH, RINSE, AND SANITIZE IT? DESCRIBE WASH-RINSE-SANITIZE SET UP.

\_\_\_\_\_

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

_____	_____
_____	_____
_____	_____
_____	_____

8. ATTACH A SKETCH OF YOUR FOOD BOOTH. (Show equipment, hand-washing, utensil washing area. Include method of compliance with enclosed screening requirements.)