



# TEMPORARY FOOD SERVICE APPLICATION

QA-24-\_\_\_\_\_

Queen Anne's County Environmental Health  
206 N Commerce St  
Centreville, MD 21617  
Phone: 410-758-2281 // Fax: 410-758-6602  
E-mail: qac.env@maryland.gov

### Instructions

**Application:** Must be submitted 2 weeks prior to the event.  
**Fee:** \$15.00 per event (operating at a fixed location for consecutive days). Non-profit: \$0.00. Submit payment via check or pay in-person. Make checks payable to *Queen Anne's County Department of Health*.  
**Permit:** Must be conspicuously displayed during the event.

### Applicant Information

Applicant type:     Temporary Food Vendor                       Non-profit organization  
Company/Organization Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Event Information

Event Name: \_\_\_\_\_  
Event Date: \_\_\_\_\_  
Event Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Coordinator: \_\_\_\_\_ Coordinator Phone: \_\_\_\_\_

### Requirements For Temporary Set-Up

**Please check all that apply:**

- Hand washing set up (soap and paper towels must be provided):**  
 Gravity-fed hot water with spigot/bucket     Portable self-contained unit     Plumbed with hot and cold water under pressure
- Three-compartment sink set-up:**     3 basin/bin set-up     Three compartment sink within a food establishment
- Sanitizer with test strips:**     Bleach     Quaternary Ammonia
- Waste Water/Grease Disposal:**     On-site at the event     Other: \_\_\_\_\_
- Overhead Protection:**     Tent     Mobile Unit     Other: \_\_\_\_\_

### The following items must be provided during the event:

- Gloves for ready-to-eat foods
- Potable water hose (if necessary)
- Hair restraints for food staff
- Stem thermometers

**\*\*All foods must be elevated at least 6 inches off the ground**  
**\*\*Consumer advisory must be posted if serving raw or undercooked animal foods**

**Food Preparation & Menu**

**Food must be prepared on-site or in a licensed/approved food establishment. No food can be stored, prepared, or cooked at a private residence. If any menu items are prepared off-site, please include the following information:**

Food establishment name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please answer the following menu questions:*

Where will food(s) be purchased? \_\_\_\_\_  
 How will you transport the food to the event in order to maintain proper temperatures? \_\_\_\_\_  
 What is the source of water used for the event for food prep, hand washing, utensil washing? (Note: Cannot be from a private residence) \_\_\_\_\_

**List all food items you plan to serve. If you need more space, attach a separate sheet to submit with your application.**

Menu item	Where will item be prepared?	Cooking method	Method for keeping foods hot (≥135°F) or cold (≤41°F)

**Certification**

By signing below, I attest to the accuracy of the information provided. I agree that I will comply with COMAR 10.15.03 Food Service Facility regulations and the Temporary Event Guidelines. I will allow the regulatory authority access to my temporary event space for inspection.

Printed name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ENVIRONMENTAL HEALTH OFFICE ONLY			
Approved: <input type="checkbox"/>	Temp Food Permit #: _____	Approval Date: _____	Hand-delivered: <input type="checkbox"/>
Not approved: <input type="checkbox"/>	Env Specialist: _____	Receipt #: _____	E-mailed: <input type="checkbox"/>