



TEMPORARY FOOD SERVICE APPLICATION

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"/>