



WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

<http://dhmh.maryland.gov/washhealth>

APPLICATION FOR PERMIT TO OPERATE A SPECIAL TEMPORARY FOOD SERVICE FACILITY

Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulations 10.15.03.

Please Print or Type

Organization or Individual Operating Foodstand: _____

Name of Event: _____

Location of Event: _____

Name & Mailing Address (For License to Be Mailed): _____

Name of Person Submitting Application: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Total Menu (**Be Specific and Include Beverages**): _____

Food to Be Purchased at: _____

List Any Food Being Prepared Off Site: _____

Dates Operating: _____ Rain Date : _____

Hours Operating: _____ Estimated # of People to be Served at Event: _____




Hot & Cold Water ___ Public ___ Approved Private

Sewage Disposal ___ Public ___ Approved Private

NOTE: Fire Marshall must be contacted by applicant if operating a grill or fryer that produces grease-laden vapors. City Fire Marshall @ 301-790-2476 - OR - State Fire Marshall @ 301-766-3888 (outside city limits)

Signature below constitutes my agreement to comply with all State regulations, requirements, and the Special Temporary Food Service Facilities Guidelines as required by MD COMAR 10.15.03 regulations.

Signature of Applicant: _____ Date: _____

IF PAYING BY VISA, MASTERCARD OR DISCOVER, FILL OUT BELOW:	
   <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	
CARD NUMBER	AMOUNT \$25.00
SIGNATURE	EXP. DATE (MM/YYYY)

**MAIL APPLICATION AND \$25.00 FEE TO:
WASHINGTON COUNTY ENVIRONMENTAL HEALTH
1302 PENNSYLVANIA AVENUE
HAGERSTOWN, MD 21742**