



HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

Susan C. Kelly, R.S.
Health Officer

410-877-2305/410-879-2684
FAX # 443-643-0333

APPLICATION FOR A TEMPORARY FOOD SERVICE FACILITY LICENSE

Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulations (COMAR) 10.15.03 Governing Food Service Facilities

NAME OF ESTABLISHMENT/ORGANIZATION _____

LOCATION & MAILING ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

CONTACT PERSON _____

HOME PHONE # _____ WORK PHONE# _____ MOBILE PHONE# _____

BEST TIME TO CALL _____

ADDRESS _____ CITY/STATE/ZIP _____

NAME OF EVENT _____

DATE(S) & TIME OF EVENT _____

SET UP DATE and TIME _____

SITE OF FOOD SERVICE _____

HOT AND COLD WATER

UNDER PRESSURE ____ YES ____ NO ____ PUBLIC ____ APPROVED PRIVATE

SEWAGE DISPOSAL ____ YES ____ NO ____ PUBLIC ____ APPROVED PRIVATE

METHOD OF REFUSE DISPOSAL _____

TYPE OF HANDWASHING FACILITIES _____

FOOD AND BEVERAGE ITEMS TO BE SERVED _____

APPLICANT SIGNATURE _____ DATE _____

NOTE -- APPLICATION FEES ARE NON-REFUNDABLE

(PLEASE COMPLETE PAGE 2 -OVER)

INFORMATION NEEDED FOR A TEMPORARY FOOD SERVICE FACILITY LICENSE

SOURCE OF ALL FOODS TO BE SERVED _____

LIST ALL FOODS PREPARED MORE THAN 12 HOURS IN ADVANCE OF SERVICE

LIST ANY FOODS BEING PREPARED OFF SITE _____

LOCATION OF FACILITY WHERE FOODS ARE PRE-PREPARED (**ENCLOSE COPY OF THE FACILITY HEALTH PERMIT**) _____

Applications must be filed at least ten days in advance of the event.
THE FEE IS \$25.00 PER EVENT AND IS NON-REFUNDABLE. The Harford County Health Department accepts cash, checks, or money orders. Please make checks or money orders payable to **HARFORD COUNTY**. *Bonafide non-profit organizations are exempt from application fees.

OFFICIAL USE ONLY

I.D. NUMBER _____ DATE ISSUED _____

APPROVED BY _____