



Baltimore County Department of Health
 Division of Environmental Health Services
 6401 York Road, 3rd Floor | Baltimore, MD 21212
 Phone: 410-887-3663 | Fax: 410-887-3392 | Email: ehs@baltimorecountymd.gov



TEMPORARY EVENT FOOD SERVICE FACILITY PERMIT APPLICATION
PERMIT IS NOT TRANSFERABLE | FEE IS NON-REFUNDABLE

Applicants must complete the form at least 14 days prior to the event. The Baltimore County Department of Health reserves the right to deny any incomplete or fraudulent permit application. Please make checks/money orders payable to "BALTIMORE COUNTY, MARYLAND."

Date(s) of Event: _____ to _____ Time(s) of Event: _____

Name of Event: _____ If Outdoors, Stand Tent Mobile Unit

Address of Event: _____

Event Coordinator/Contact: _____ Phone: _____ Email: _____

Name of Annual Food Service Facility: _____ Phone: _____

Name of Temporary Food Service Facility, if different than annual facility: _____

Address of Annual Food Service Facility: _____

Owner's Name: _____ Phone: _____ Email: _____

Jurisdiction Issuing Food Service Facility Permit: Baltimore County PR # (located on permit): _____

Other: _____ *Please provide copy of annual permit with this application*

Check the following item(s) supplied for the facility by the event organizer:

Electricity Refrigeration Recycling Garbage Pick-up Toilet facilities Grease Disposal

Drinking Water Hoses Waste Water Disposal

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Fee: _____ Number of Days: _____ Paid? Yes No NA Date: _____

Temp Event Permit # _____ Date Permit Issued: _____

Staff Initials for Review _____ Approved? Yes No Date Approved: _____ by: _____

Comments:

BALTIMORE COUNTY DEPARTMENT OF HEALTH/ENVIRONMENTAL HEALTH SERVICES
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(Please attach additional sheets if more space is required)

1. List all food and beverage items to be prepared, served, or sampled. (NOTE: Any changes to the menu must be submitted to and approved by the Approving Authority at least 10 days prior to the event.)

| Food/Menu Items | Advanced Prep | Prepared at Event |
|-----------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
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| | <input type="checkbox"/> | <input type="checkbox"/> |

Please note food preparation may not exceed more than 7 days prior to the event.

2. Will food/beverages be stored/prepared at a second location prior to the event? Yes No

Address of second location: _____

Please provide proof of storage and/or preparation facility licensure and ID number, or a copy of the most recent inspection report by the licensing authority

3. Where will the food/beverages be purchased? *Please ensure that name(s) and location(s) of supplier(s) are included for all items listed in #1*

4. How do you plan to keep cold food (raw meat/seafood, dairy products etc.) at 41 degrees F or below?
Include list of cold hold equipment

5. How do you plan to keep hot food (cooked, ready to serve meat, poultry, seafood etc.) at 135 degrees F or above?
Include list of hot hold equipment

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6. Describe the number, location and set up of handwashing stations used by food handlers.

7. Identify the source of the potable water supply and describe how water will be stored and distributed at the event. *If a non-public water supply is to be used, provide the results of the most recent water testing.*

8. How do you plan to wash, rinse, and sanitize dishes, utensils, containers, etc? *Include how waste water will be handled.*

9. Describe how electricity will be provided to your stand or mobile unit during the event.

10. Please add any additional information about your Temporary Food Establishment that should be considered:

11. Please attach a sketch of your Temporary Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, handwashing facilities, work tables, dishwashing facilities, food and single service storage, garbage containers and customer service areas.

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- I have read and examined the above application and know the same is true and correct, and that in operating a food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, those of Baltimore County and the State of Maryland.
 - I understand that falsification of this application may result in denial, suspension, or revocation of the permit.

Owner/Operator Signature: _____

Date: _____

Printer Name of Owner/Operator: _____

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Applicant contacted by phone
 Inspection date: _____

All answers reviewed and vetted
Inspectors Initials: _____