

Special Event - Food Service Facility Instructions for License Application

Facility Name: Indicate the booth or facility name to be advertised at the event.

Business Owner, Address, Phone Number and E-mail: Indicate the name, address, phone number and e-mail.

Location of Event: Name actual site where event is taking place.

Special Event Name: Indicate name of special event.

Special Event Coordinator: Indicate person in charge of event/affair including phone number.

Dates and Hours of Operation: Indicate the actual dates and hours event will be occur.

Date and Time: Indicate date and time you will begin to set up and actual time booths will begin to cook.

Location of Food Preparation: Indicate where the food will be prepared, either at a licensed food service facility (e.g. restaurant), or on site.

Location of Food Service: Indicate location where food will be served.

Menu to be Served: Indicate all foods to be prepared and/or sold (by you) at the event.

Federal ID#: Indicate Federal Tax ID

Tax Exempt: Have you submitted Tax Exempt status information (If applicable)?

Water: Indicate if the location of the event is served by public water or private well. (For private well, a sample from a certified laboratory is required prior to the event).

Sewer: Indicate if location of event is served by public sewer or private septic system.

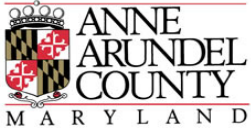
NOTE: Please sign and date application. Below signature line, applicant(s) should print their name, address, phone number.

Please submit this application at least two weeks before the event. If you are unable to do this, contact the Department at (410) 222-7363 as soon as possible, so arrangements can be made for inspection. At that time you will be requested to hand deliver the application and fee.

ALL CHECKS ARE TO BE MADE PAYABLE TO THE CONTROLLER, ANNE ARUNDEL COUNTY.

Send or bring this application, Workmen's Compensation Form and application fee (\$195.00 or \$35.00) to the address located at the top of the application.

TEMPORARY - SPECIAL EVENT



**FOOD SERVICE FACILITY - LICENSE APPLICATION
HOUSING & FOOD PROTECTION SERVICES
DIVISION OF COMMUNITY & ENVIRONMENTAL HEALTH
ANNE ARUNDEL COUNTY HEALTH DEPARTMENT
3 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401
(410) 222-7363**

(PLEASE PRINT)

FACILITY NAME: _____

BUSINESS OWNER: _____ BUSINESS OWNER'S E-MAIL: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE NUMBER: _____

SPECIAL EVENT NAME: _____

LOCATION OF EVENT: _____

SPECIAL EVENT COORDINATOR: _____ PHONE NUMBER: _____

DATES & HOURS OF OPERATION: _____

DATE & TIME READY FOR HEALTH INSPECTION: _____

LOCATION OF FOOD PREPARATION: _____

LOCATION OF FOOD SERVICE: _____

MENU TO BE SERVED: _____
(INCLUDE ALL POTENTIALLY HAZARDOUS FOODS)

FEDERAL ID#: _____ TAX EXEMPT VERIFICATION SUBMITTED (Y/N) _____

SPECIAL EVENT SITE: _____

WATER: () PUBLIC () PRIVATE SEWER: () PUBLIC () PRIVATE

ISSUANCE OF THIS LICENSE/PERMIT IS CONDITIONED ON THE APPLICANT'S CONSENT TO INSPECTIONS; THAT SUCH INSPECTIONS WILL FOCUS ON DETERMINING LICENSEE'S/PERMITEE'S COMPLIANCE WITH THE LAWS AND REGULATIONS RELATED TO THE LICENSE/PERMIT; THAT INSPECTIONS WILL BE CONDUCTED AT REASONABLE TIMES UNLESS THE HEALTH OFFICER HAS REASON TO BELIEVE THAT VIOLATIONS ARE OCCURRING THAT CAN ONLY BE DETECTED AT OTHER TIMES; THAT FAILURE TO ALLOW INSPECTIONS MAY RESULT IN SUSPENSION OR REVOCATION OF THE LICENSE/PERMIT, IN ADDITION TO ALL OTHER REMEDIES PERMITTED BY LAW.

APPLICANT SIGNATURE/TITLE: _____ DATE: _____

PRINT NAME & ADDRESS: _____ PHONE: _____

FOR OFFICE USE ONLY
ID#: _____
DATE APPROVED: _____
INSPECTOR: _____

- () HIGH/MEDIUM PRIORITY \$195.00
- () LOW PRIORITY \$ 35.00
- () EXEMPT \$ 0.00