

## Temporary Food Service Facility Instructions for License Application

Applications must be received at least two weeks prior to the event to avoid paying a penalty fee. Completion of a license application, a Statement of Compliance with Workers' Compensation Act form, a Priority Assessment for Temporary Food Service Facilities form and an application fee (\$114.00 for High/Moderate Priority Facilities or \$35.00 for Low Priority Facilities) must be submitted to the Anne Arundel County Department of Health.

Applicants that **do not have paid employees** and **do not carry workers' compensation insurance** must obtain a Certificate of Compliance or Letter of Exemption from the Maryland Workers' Compensation Commission (WCC). A link has been provided in the Statement of Compliance with Workers' Compensation Act form to apply for the document via online submission. A temporary food service facility license cannot be issued without either proof of workers' compensation insurance or the required paperwork from the WCC.

### **CHECKS MUST BE MADE PAYABLE TO: CONTROLLER, ANNE ARUNDEL COUNTY.**

**NOTE:** A penalty fee (High/Moderate Priority - \$22.80 and Low Priority - \$7.00) will apply if the application is received less than two weeks before the event. A license will not be issued without all assessed fees received.

**Name of Event:** Indicate name of temporary event. (Example: Hot Dog Festival)

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

**Vendor/Booth Name:** Indicate the vendor/booth name to be advertised at the event. (Example: Danny's Dogs)

**Vendor/Contact Person:** Indicate the name, mailing address, phone number and email address of the vendor.

**Event Coordinator Name and Phone Number:** Indicate the temporary event coordinator name or person in charge of the event and a contact telephone number.

**Date(s) of Event and Food Preparation Setup Time:** Indicate the date(s) of attendance at the event and the time that setup will be completed to begin food service operations.

**Food Preparation Location:** Indicate where the food will be prepared and include if any preparation will occur at a licensed food service facility (e.g., restaurant).

**Federal ID#:** Indicate Federal Tax ID.

**Non-Profit/Exempt:** You must provide documentation from the IRS as proof of nonprofit status to be fee exempt.

**Water Supply:** Indicate if the location of the event is served by public water or private well. (For a private well, bacteria and nitrate-nitrogen sample results from a certified laboratory are required prior to the event).

**Wastewater Disposal:** Indicate if event is served by public sewer or a private sewage disposal system.

**Applicant Printed Name, Signature and Date:** Applicant(s) must print their name, sign and date the application.

**Menu:** All foods prepared and/or served at the event must be indicated on the attached Temporary Food Service Facility Menu Page form.



# Temporary Food Service Facility License Application

Food Protection Services

Bureau of Environmental Health

Anne Arundel County Department of Health

3 Harry S. Truman Parkway

Annapolis Maryland 21401

410-222-7192 Fax: 410-222-7479

Name of Event: \_\_\_\_\_

Location of Event (Provide Full Address): \_\_\_\_\_

Vendor/Booth Name: \_\_\_\_\_

Vendor/Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Event Coordinator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Food Preparation Setup Time\*: \_\_\_\_\_

**\*This time indicates when the temporary food service facility will be set up and ready for inspection. Food may not be served to the public unless an inspection is performed and/or a license has been issued by the Department of Health. To allow for a proper inspection, it is advised that the setup of the temporary food service facility is complete and the vendor is ready for inspection at least 30 minutes prior to the start of the event.**

Food Preparation location: A Temporary Food Service Facility Menu Page must be completed and attached this application.

☐ Outside Tent ☐ Indoor Booth

☐ Mobile Unit or Trailer Tag Number: \_\_\_\_\_ Where Licensed: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Number of Attendees Expected \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Nonprofit/Exempt: ☐ Yes ☐ No (If Yes, Provide IRS Verification for Fee Exemption)

Water Supply: ☐ Public Water ☐ Private Well Wastewater Disposal: ☐ Public Sewer ☐ Septic System

**The Department of Health may suspend or revoke a temporary food service facility license if the licensee fails or neglects to:**

- (a) correct a violation in the specified time of period;
- (b) comply with an approved written schedule of compliance;
- (c) correct a critical item immediately;
- (d) correct a violation in a temporary food service facility within 24 hours; or
- (e) when an immediate and substantial danger is found to exist to public health safety or welfare.

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

HACCP Priority \_\_\_\_\_

( ) High/Moderate: \$114.00 ( ) Low Priority: \$35.00 ( ) Exempt \$0.00

FSF ID# \_\_\_\_\_

( ) Penalty Fee H/M: \$22.80 ( ) Penalty Fee Low: \$7.00

Date Approved \_\_\_\_\_

Inspection Needed: YES ☐ NO ☐

Excluded FSF: YES ☐ NO ☐

Inspector \_\_\_\_\_

(No license issued if an unlicensed excluded FSF)

# Temporary Food Service Facility Menu Page

**Name of Facility (if prepared off-site):** \_\_\_\_\_ **Facility Phone#:** \_\_\_\_\_

**Address of Facility:** \_\_\_\_\_

**Facility Contact Person:** \_\_\_\_\_

List all potentially hazardous foods you plan on serving in the chart below. All food must be from an approved source and prepared in a licensed food service facility or on-site at the event. Changes to menu items must be made at least 48 hours prior to the event. Failure to list menu items may result in a delay of license approval or a denial.

Menu Item	Place of Preparation	Method of Cold Holding	Method of Cooking	Method of Hot Holding	Method of Cooling (if applicable)	Method of Reheating (if applicable)
Ex. Chicken	At fairgrounds	Cooler with ice at a temperature below 41°F	On-site, on grill, to a temperature above 165°F	Chaffing pans at a temperature of 135°F	N/A	N/A

Cold Holding (minimum): Shell Eggs and Shellfish: 45°F; Potentially Hazardous Reduced Oxygen Packaged Food: 38°F; and All Other Foods (Including Pasteurized Crabmeat): 41°F

Hot Holding (minimum): All Foods: 135°F

Cook Temps (minimum): Poultry: 165°F; Ground Meats: 155°F; Pork/Seafood: 145°F; Shell Eggs (for immediate service): 145°F; Shell Eggs (not for immediate service): 155°F; Fruits and Vegetables (for hot holding only): 135°F; and Whole Roasts: 130°F when held at that temperature for 112 minutes.

Cooling: All Foods: 135°F - 70°F within 2 hours and 70°F - 41°F within an additional 4 hours.

Reheating (minimum): Foods that are Cooked, Cooled and Refrigerated before Reheating: 165°F within 2 hours; and Ready-to-Eat Commercially Processed Foods (for hot holding only): 135°F within 2 hours.

For additional temperature control information follow link to [Critical Control Procedures](#)

## **Priority Assessment for Temporary Food Service Facilities**

In order to properly classify temporary food service facilities, the Department of Health requires that all operators carefully review and provide the following information.

Please check **ALL** preparation processes that will be utilized at your temporary food service facility:

### **Low Priority \$35**

- ☐ Commercially packaged, potentially hazardous products that are served directly to the customer
- ☐ Non-potentially hazardous food that is cut, assembled or packaged on the premises, such as candy, popcorn and shelf stable baked goods
- ☐ Hand-dipped ice cream

**Examples: Pre-packaged ice cream, pre-packaged deli sandwiches, or popcorn popped for service at the event**

### **Moderate Priority \$114**

- ☐ Potentially hazardous food that is cut, assembled or packaged on the premises, such as meats and deli products, as well as raw seed sprouts, cut tomatoes, cut melon, and cut leafy greens
- ☐ Potentially hazardous food that is prepared using methods that require it to pass through the temperature range of 41 °F to 135 °F not more than one time prior to service

**Examples: Deli sandwiches made to order and hot dogs that are kept hot for service at the event**

*Leftovers are discarded.*

### **High Priority \$114**

- ☐ Potentially hazardous food that is prepared a day or more in advance of service
- ☐ Potentially hazardous food that is prepared using methods that require the food to pass through the temperature range of 41 °F - 135 °F two or more times prior to service

**Example: Soup that is cooked at the event and leftovers properly cooled, reheated and kept hot for service on day 2 of the event**

*Leftovers will be properly cooled on-site and reserved the following day.*

## STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may be issued to an employer, the employer shall file with the issuing authority the workers' compensation insurance policy or binder number **or** provide a Certificate of Compliance obtained from the Maryland Workers' Compensation Commission (WCC). A food service facility license will not be issued without proper documentation. Employers that are not required to, and **do not** carry workers' compensation insurance, must submit an online [Application for Certificate of Compliance](#) to the WCC. A link for paper submission of the application is included at the bottom of this form. Upon receipt of the application, a Certificate of Compliance or a letter of exemption will be issued from the WCC. Please contact the WCC for more information at (410) 864-5297, Monday through Friday, from 8:00 a.m. to 4:30 p.m.

**Circle the number of the option below** which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

1. I have workers' compensation insurance for my covered employees.

Name of Insurance Company \_\_\_\_\_

Policy or Binder Number \_\_\_\_\_

2. I am a member of a limited liability company or an officer of a corporation and I have no covered employees. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)

3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)

4. I am a sole proprietor or a partner in a business and have no covered employees. (Attach a copy of the **LETTER OF EXEMPTION** from the Workers' Compensation Commission.)

**Type of License (Please check):**

- ☐ Permanent Food Service Facility ☐ Mobile Food Service Facility ☐ Mobile Reciprocity Food Service Facility  
☐ Temporary Food Service Facility ☐ Campground ☐ Mobile Home Park ☐ Public Pools and Spas  
☐ Exotic Bird Facility

**I solemnly affirm under the penalties of perjury that the information provided on this form is true.**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Title in the Business

\_\_\_\_\_  
Street Address of Business

\_\_\_\_\_  
City, State and ZIP Code of Business

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signing