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Please remit fee of **$80.00** with your Application and Worker’s Compensation Form.

**TEMPORARY SPECIAL FOOD SERVICE APPLICATION**

A **“Special Food Service Facility”** means a Food Service Facility for which the department provides exception to certain regulations because of the nature of the design and operation of the facility, food preparation, service methods or limited length of time that the facility operates in association with special events.

A **“Temporary Food Service Facility”** means a Food Service Facility which operates during a period of time not more than fourteen (14) consecutive days at a fixed location in conjunction with a fair, carnival, public exhibition, construction project, recreational facility, or similar gathering.

**PLEASE PRINT OR TYPE AND RETURN**

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| Facility Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town: | |  | | | | | | | | | | | | | | State: | | |  | | | | | | | | | | Zip: | |  |
| E-mail Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner of Business: | | | | | |  | | | | | | | | | | | | Phone Number: | | | | | | | | |  | | | | |
| Name of Special Event: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Event Location: | | | |  | | | | | | | | | | | | Town/City: | | | | | | | |  | | | | | | | |
| Dates of Operation: | | | | | | |  | | | | | | | | | | | | | | | Hours: | | | |  | | | | | |
| Items to be sold: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How will the food be transported to the event? | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Supplier of Food (Commercial Distributor, Grocery, Restaurant, or Caterer): | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Will food service be enclosed? | | | | | | | | | | | Yes | No | | |  | | Other: | | | |  | | | | | | | | | | | | |
| Source of water supply: | | | | | | | |  | | | | | | Method of sewage disposal: | | | | | | | | | | |  | | | | | | | |
| Contact Person: | | | |  | | | | | | | | | | | | | | | | Phone number: | | | | | | | |  | | | |
| **Application is hereby made to operate a Special Food Service Facility in accordance with COMAR 10.15.03 Governing Food Service Facilities Health General, Section 21-306.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant: | | | | | | | | | |  | | | | | | | | | | | | Agent  Owner | | | | | Date: | | |  | |

**DO NOT FILL IN BELOW THIS LINE – FOR OFFICE USE ONLY**

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| License Number: | | 007- | |  | | - | |  | - |  | Existing FSF up to 4 days per week | | | | | One 14 day per year | |
| Date(s) of operation: | | |  | | | | | | | | | Priority: | | High | | Medium | Low |
| Application Approved By: | | | | |  | | | | | | | | Date: | |  | | |
| ID #: |  | | | | | | Rev. 06/17/2019 | | | | | | | | | | |