



Department of Health and Mental Hygiene

State of Maryland

Garrett County Health Department

“Working Together for a Healthier Tomorrow”



Environmental Health Department
1025 Memorial Drive
Oakland, Maryland 21550

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APPLICATION FOR PERMIT TO OPERATE
A TEMPORARY NON-PROFIT FOOD SERVICE FACILITY

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

***COMPLETE BOTH SIDES OF THE APPLICATION**

BUSINESS NAME _____

NAME OF PERSON IN CHARGE _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____ FAX NUMBER _____

LOCATION OF TEMPORARY FACILITY _____

DATE(S) AND TIME OF OPERATION _____

FOODS TO BE SERVED _____

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

SIGNATURE OF APPLICANT _____ DATE _____

PRINTED NAME OF APPLICANT _____

(OVER)

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY

RESTRICTIONS AND/OR SPECIAL CONDITIONS _____

DATE ISSUED _____ EXPIRATION DATE _____

TEMPORARY FACILITY NUMBER _____

INFORMATION NEEDED FOR A TEMPORARY FOOD SERVICE PERMIT

If additional space is necessary, attach a separate sheet using corresponding numbering.

1. List all food items to be sold: _____

2. List sources of food and water: _____

3. Describe how perishable food items will be kept hot/cold during transportation and service: _____

4. List all places where food will be prepared if other than the temporary stand site. **Provide copy of health permit.** _____

5. Briefly describe food service operation, including preparation procedures: _____

6. Describe methods of food protection: ea.) Food trailer; overhead cover/tables; etc _____

7. List sewage disposal plans – Include disposal of water from food service operation and number of portable toilets: _____

If you have any questions, please call this office at 301-334-7760.