

Temporary Event
Special Food Service Facility
Permit Application



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

Application Date: _____
Event Date: _____
Return via fax to:
301-600-3180

Application is hereby made to operate a food service facility in accordance with
Code of Maryland Regulations (COMAR) 10.15.03 Governing Food Service Facilities.

Name of Establishment/Organization: _____

Location & Mailing Address: _____

Phone Number: _____ Fax Number: _____

Contact Person: _____ Email: _____

Home Phone: _____ Alternate Phone: _____

Best Time to Call: _____

Name Of Event: _____

Location Of Event: _____

Date & Time Of Event: _____ Number Of Patrons: _____

Set-up Time For Event: _____ Rain Date: _____

**No refunds will be given for cancelled events unless written notice is provided prior to the event date.*

Do You Have An Out Of State/County License? Yes No

**If Yes, attach copy of license to application.*

Hot & Cold Water Under Pressure Yes No Water Source: Public Private Bottled

Sewage Disposal Yes No Type Of System: Public Approved Private

Petting Zoo Or Other Animals At Event Yes No

Food Service Location (Tent, Mobile Unit, Pavilion, Etc.): _____

Hand Washing Facilities portable/permanent sink spouted container with warm water

List All Foods & Beverages To Be Offered At Event & Source Of Each Item: _____

List Any Food Being Prepared Off Site & Location Of Facility Where Foods Are Pre-Prepared

(Provide copy of food service facility license if different from above license): _____

Where Will Food Be Stored Prior To The Event: _____

What Equipment Will Be Used For Cold Holding & Hot Holding Food: _____

I have examined and read the above application and attached requirements and I agree to comply with all applicable laws, regulations, and requirements including, but not limited to, the State of Maryland and Frederick County in operating a food service facility. I understand that falsification of this application may result in the denial, suspension or revocation of the permit.



Applicant Signature

Printed Name of Applicant

Date of Approval

Approved By

Updated 7/7/10