



**Public Health**  
Prevent. Promote. Protect.

Frederick County Health Department

**Frederick County Health Department**  
Environmental Health Services, 350 Montevue Lane, Frederick, MD 21702

**Temporary Event Special Food Service Permit Application**

*Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulations (COMAR) 10.15.03 and all applicable State & Local laws and regulations.*

Application Date: \_\_\_\_\_ Event Date: \_\_\_\_\_

Name of Business/Organization: \_\_\_\_\_

Location & Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

Name Of Event: \_\_\_\_\_

Location Of Event: \_\_\_\_\_

Date & Time Of Event: \_\_\_\_\_

Set-up Time For Event: \_\_\_\_\_ Rain Date: \_\_\_\_\_

*\*Written notice of cancellation must be provided prior to the event date if requesting a refund. REFUNDS NOT GUARANTEED.*

Do You Have An Out Of State/County License? ☐ No ☐ Yes *\*If Yes, provide copy of license.*

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

Sewage Disposal Onsite: ☐ 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/plumbed sink ☐ spouted container with warm water

List All Foods & Beverages To Be Offered (& Source Of Each Item): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Any Food Not Prepared Onsite & Where Foods Are Pre-Prepared (*Provide copy of food service facility license if different from above license*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location Of (*Perishable*) Food Storage Prior To The Event: \_\_\_\_\_

Equipment Used For Cooking, 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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Approval

\_\_\_\_\_  
Approved By

**Return to:** 301-600-3180 (fax) FoodControl@FrederickCountyMD.gov

The office accepts cash, checks (payable to FCHD) and Visa/Mastercard/ Discover is accepted in person **ONLY**. *Credit Card payments cannot be made over the phone, through the mail or online.*



Updated 7/2025