



Charles County Department of Health
Division of Environmental Health Services
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Official Use:
Date Mailed: _____
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APPLICATION TO OPERATE A TEMPORARY FOOD SERVICE FACILITY (TFSF)

This application is hereby made to operate a Temporary Food Service Facility (TFSF) in accordance with the Health-General Article 21-305, Annotated Code of Maryland. Applications must be **received** by the Department of Health no later than 10 calendar days prior to the first event operating date. Incomplete applications will not be processed and will be returned to the applicant. Applications may be mailed, submitted in person, or emailed to mdh.charlescountytemporaryevents@maryland.gov.

The license application fee is \$100.00. All payments must be made payable to the "Charles County Department of Health". A \$20.00 license application fee will be applied to a Non-profit organization. Non-profit organizations must submit the 501c(3) or equivalent from the IRS with the application. A \$50.00 license application fee will be applied to a licensed Charles County Food Service Establishment. **ANY application received less than 10 calendar days prior to the event will have a \$300.00 administrative fee applied in addition to the license fee.** If an application is received with insufficient review time, the application may be denied.

For more information, please visit <https://www.charlescountyhealth.org/temporary-events/> or call 301-609-6751.

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. DO NOT leave ANY BLANK SPACES.

TFE OPERATOR INFORMATION	EVENT INFORMATION
Name of Owner and DBA (to be printed on the license):	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Contact Name:	City:
Contact Phone Number:	Date(s) of Event:
Contact Email:	Hours of TFSF Operation:
Type of Organization: () For Profit () Charitable – Not for Profit Non-Profit Tax ID:	Ready for Inspection Time (To be confirmed by Inspector):
Event Set Up Time:	Anticipated Maximum Attendance at Peak Time: _
Event Organizer's Name and Telephone #:	Event Location: () Indoor Event () Outdoor Event* *Will event occur regardless of the weather conditions: () Yes () No
On-site (Person-in-Charge) Contact:	Facility Type: () Booth/Tent () Mobile Food Establishment () Permanent Building () Food Cart
On-site Contact Cell Phone:	Food Process (Check all that apply): () Cook & Serve () Cold Hold & Serve () Cook, Hot Hold, Serve () Cook, Cool, Reheat, Hot Hold, & Serve () Other:

MENU INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY TO THE PUBLIC AND CHECK THE BOX THAT APPLIES TO THE MENU ITEM. If more space is needed for a complete menu, please provide a separate sheet with all information.

List Menu Item	Prepackaged	Prepared on site	Prepared at Other Location

For food items that will be held and/or prepared at another location prior to the event, provide the following information: A copy of your commissary / depot agreement, copy of the facility's license, a copy of the facility's last inspection (if not in Charles County), and obtain a required signature from approved food establishment.

Food Establishment Name:	Name of License Holder:
Address and City:	Permit #:
Signature of License Holder:	Contact #:

It is prohibited for food and beverages to be prepared or stored in a residence or at an alternate location without a valid food service facility license.

TEMPORARY FOOD SERVICE FACILITY REQUIREMENTS

Booth Construction

Overhead Covering:

☐ Canvas ☐ Wood ☐ Other: _____

Floor:

☐ Asphalt ☐ Concrete ☐ Wood ☐ Other: _____

Walls:

☐ Screens ☐ Concrete ☐ Canvas ☐ Other: _____

Booth supplied by:

☐ Operator ☐ Event Organizer ☐ Rent from: _____

Sketch the general layout of the Temporary Food Service Facility in the box provided on this application.

Utensils and Equipment

☐ Single-serve eating and drinking utensils

☐ Multi-use kitchen utensils

Type of Utensil Washing Set Up:

☐ Three basin container set-up

☐ Shared three compartment sink

☐ Three compartment sink within a food establishment Sanitizer to be used:

☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine

Hand washing Facilities

Provided by: ☐ Event Coordinator ☐ TFSE Operator

Type of hand washing facility:

☐ Hot Gravity-fed water with free-flowing tap and waste bucket

☐ Self-contained portable unit (with potable water and wastewater holding tanks)

☐ Plumbed with hot and cold water under pressure

Hand Soap, single-use towels, and trash receptacle must be provided at all hand washing sinks. Hot water should temp at 100 F.

Food Storage or Display Equipment

Identify all cold and hot holding equipment that will be used:

Potable Water Supply

☐ Public Water System :

☐ Commercial Kitchen ☐ Residential ☐ Bottled

☐ Non-public water supply (i.e. On-site Wells)

☐ Commercial Kitchen ☐ Residential

****Results of most recent water test must be submitted. ****

Cooking Equipment

Identify all cooking equipment that will be used (i.e. grill, smoker, deep fryer, etc.):

Electrical Supply

☐ Refrigerator or Freezer available

☐ Shielded Lighting available

Food Transportation

Identify how food will be transported to event:

Refuse Removal

Identify responsible party for waste removal:

Food Employees/Workers Compensation (see website for information)

Certified Food Manager available ☐ Yes ☐ No

Name: _____

of food employees: _____

Workers Comp: ☐ Yes ☐ No ☐ Waiver Provided

Name:

Binder #:

Liquid Waste Removal

Identify responsible party for liquid waste removal:

Frequency of liquid waste removal: _____ per day

Food and Ice Source(s)

Identify where food(s) and ice will be purchased:

Toilet Facilities for Food Employees

Provided by: ☐ Event Coordinator ☐ TFSE Operator

Sketch the REQUIRED ITEMS below within a general layout of the Temporary Food Service Facility indicating the location of the following:

1. Location of cooking and cold/hot holding equipment
2. Location of handwashing and utensil washing facilities (if not using shared facilities)
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage

By signing this application, I acknowledge that I have reviewed this application completely and will comply with all applicable provisions in federal, state, and local laws, regulations, and ordinances. Failure to comply and/or correct violations may result in licensure denial, suspension, or revocation. I understand that falsification of this application will result in denial, suspension, or revocation of the license. By signing this application, I hereby acknowledge that my business is in compliance with the Maryland Workers' Compensation Laws and Regulations. An inspection MUST be conducted, and your food booth/area MUST pass the inspection prior to operation. Food preparation without a license is not permitted.

Printed Name of Applicant

Signature of Applicant

Date of Signature

FOR MOBILE UNITS:

The Owner or Operator by signing this application agrees that Potable (Drinking) and Gray (Waste) Water, as well as Evacuated Grease, when applicable, MUST BE DISPOSED OF AT AN APPROVED BASE OF OPERATION AND/OR COUNTY/MUNICIPAL/STATE WASTEWATER FACILITY. BACKFLOW PREVENTION MUST BE PROVIDED FOR WATER HOOK UPS.

Printed Name of Applicant

Signature of Applicant

Date of Signature

****DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY****

Application Approved O Yes O No* See reason below	Risk Category O Low O Moderate O High	Reviewer Signature/Title: Date: _____
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*Reason(s) for Disapproval: