



HARFORD COUNTY HEALTH DEPARTMENT

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APPLICATION FOR A TEMPORARY FOOD SERVICE FACILITY LICENSE

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 _____

HOME PHONE # _____ WORK PHONE# _____ MOBILE PHONE# _____

BEST TIME TO CALL _____

ADDRESS _____ CITY/STATE/ZIP _____

NAME OF EVENT _____

DATE(S) & TIME OF EVENT _____

SET UP DATE and TIME _____

SITE OF FOOD SERVICE _____

HOT AND COLD WATER

UNDER PRESSURE ___ YES ___ NO ___ PUBLIC ___ APPROVED PRIVATE

SEWAGE DISPOSAL ___ YES ___ NO ___ PUBLIC ___ APPROVED PRIVATE

METHOD OF REFUSE DISPOSAL _____

TYPE OF HANDWASHING FACILITIES _____

FOOD AND BEVERAGE ITEMS TO BE SERVED _____

APPLICANT SIGNATURE _____ DATE _____

(PLEASE COMPLETE PAGE 2 -OVER)

OFFICIAL USE ONLY

I.D. NUMBER _____ DATE ISSUED _____

APPROVED BY _____

INFORMATION NEEDED FOR A TEMPORARY FOOD SERVICE FACILITY LICENSE

SOURCE OF ALL FOODS TO BE SERVED _____

LIST ALL FOODS PREPARED MORE THAN 12 HOURS IN ADVANCE OF SERVICE

LIST ANY FOODS BEING PREPARED OFF SITE _____

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

Applications must be filed at least ten days in advance of the event for which you are making application. The fee is \$25.00 per event*. *There is no fee for non-profit organizations.
The Harford County Health Department accepts cash, checks, or money orders. Please make checks or money orders payable to HARFORD COUNTY.