

**TEMPORARY FOOD SERVICE FACILITY
PERMIT APPLICATION**

**Prince George's County Health Department
Department of Permitting, Inspections & Enforcement**
9400 Peppercorn Place, Largo, Maryland 20774
Office: 301-883-7690 | TTY/STS Dial 711

PLEASE READ CAREFULLY

INSTRUCTIONS	<ul style="list-style-type: none"> ◆ Type or print. All blanks must be filled in, if applicable, and the application must be signed. ◆ Applications must be submitted a minimum of 5 business days prior to the event. ◆ Send the application fee to the address above, in the form of a check or money order made payable to: "Prince George's County." <p>Check type of operation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multiple Day Temporary Event \$125 + 5% Technology Fee of \$6.25 for a total of \$131.25 (days must be consecutive) <input type="checkbox"/> Single Day Temporary Event \$125 + 5% Technology Fee of \$6.25 for a total of \$131.25 <input type="checkbox"/> Multiple Day Temporary Event-Government Sponsored \$75 + 5% Technology Fee of \$3.75 for a total of \$78.75 (days must be consecutive) <input type="checkbox"/> Single Day Temporary Event-Government Sponsored \$75 + 5% Technology Fee of \$3.75 for a total of \$78.75 <input type="checkbox"/> Non-Profit Organization NO CHARGE (Must submit proof of non-profit status and booth must be staffed by members of the organization). <ul style="list-style-type: none"> ◆ If you need assistance filling out this application, please call 301-883-7690. ◆ OPERATING WITHOUT A HEALTH DEPARTMENT PERMIT IS SUBJECT TO A \$1000.00 FINE. 		
APPLICANT INFORMATION	Trading Name of Applicant		Applicant Phone Number
	Name of Applicant		Applicant Cell Phone Number
	Applicant Mailing Address	Number	Street
	City		State
			Zip Code
EVENT INFORMATION	Event Name		Event Date
	Event Location		Set-up Time
	Event Coordinator and Phone #		E-mail Address
FOOD PREPARATION	<p>Use the following section to describe your food operation. Each section must be completed. In each area CHECK ALL THAT APPLY.</p>		
	<p>Food at this event will be prepared</p> <p><input type="checkbox"/> inside a building <input type="checkbox"/> outside in a truck or cart <input type="checkbox"/> outside under a tent or canopy</p>		
	<p>Source of food</p> <p><input type="checkbox"/> wholesale store(s) or distributor(s) Name(s): _____</p> <p><input type="checkbox"/> retail store(s) Name(s): _____</p>		
	<p>Food will be prepared</p> <p><input type="checkbox"/> on-site before or during the event</p> <p><input type="checkbox"/> in the following licensed food service facility (include name and address):</p> <p>_____</p>		
	<p>Hot or cold food will be transported to the event</p> <p><input type="checkbox"/> in insulated containers <input type="checkbox"/> in coolers with ice <input type="checkbox"/> in a temperature controlled truck or appliance <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> No food requiring temperature control will be served.</p>		
	<p>Cooking equipment used <input type="checkbox"/> no food will be cooked at event</p> <p><input type="checkbox"/> deep fryer <input type="checkbox"/> gas grill <input type="checkbox"/> oven <input type="checkbox"/> rice maker <input type="checkbox"/> stove or burners <input type="checkbox"/> steamer <input type="checkbox"/> Other _____</p>		
	<p>Food will be held hot <input type="checkbox"/> on a grill, stove or other cooking device</p> <p><input type="checkbox"/> in chafing dishes <input type="checkbox"/> under a heat lamp or in a warmer <input type="checkbox"/> No food will be kept hot <input type="checkbox"/> Other _____</p>		

Food will be held cold in mechanical refrigeration on ice or with ice packs

Hand washing sink or station complete with soap in a dispenser and paper towels with a waste basket
 set up prior to any food preparation permanent fixtures easily accessible to the food preparation area (indoor events only)

Water Supply
 transported to the event in sealed bottles supplied from nearby approved spigot or faucet through a food grade hose
 available within this permanent structure served by a public water supply (WSSC)

Electrical Supply
 Not using electricity supplied by organizer through a plug-in set up supplied by vendor using batteries
 supplied by vendor using a generator Other electrical source: _____

Vegetables and/or fruits will be washed at the event in a basin with potable water
 At a food service facility and transported in clean containers No fruits or vegetables will be prepared or served

Utensils and cutting boards will be washed, rinsed and sanitized
 in a 3 bay sink or in 3 basins at the event at a licensed food service facility after the event (multiple sets of utensils required)
 sanitized in a dishwasher not applicable (food is prepackaged)

Sanitizer to be used for food contact surfaces (TEST STRIPS ARE REQUIRED)
 chlorine bleach quaternary ammonia iodine

Condiments will be supplied to public
 In sanitary dispensers in individual packets not applicable (no condiments provided to public)

Bare hand contact with ready to eat food will be prevented by using
 gloves (non-latex) wax paper tongs, spatulas or other utensils not applicable (food is pre-packaged)

Describe how will food temperatures be monitored at the event

List Each Menu Item Separately with preparation method: (attach additional sheets if necessary)

Example: Chicken breast, fried raw pre-cooked not applicable

_____ raw pre-cooked not applicable

_____ raw pre-cooked not applicable

_____ raw pre-cooked not applicable

_____ raw pre-cooked not applicable

_____ raw pre-cooked not applicable

PLEASE SIGN

- ◆ *I have examined and read the above application and know the same is true and correct, and that in operating a food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, those of the State of Maryland and Prince George's County.*
- ◆ *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*

Do Not Write Below This Line

FOR OFFICE USE ONLY	Date Received	Fee Amount Received	Receipt Number	Facility Number
	Date of DPIE Processing	Processed By	Permit Number	Expiration Date
	Date of Health Approval	Approved By	Date Permit Issued	Inspection report Y N