



# WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

## TEMPORARY SPECIAL FOOD SERVICE FACILITY FOODSTAND APPLICATION FOR PERMIT TO OPERATE

Application is hereby made to operate a food service facility in accordance with Code of Maryland Regulation 10.15.03, Regulations Governing Food Service Facilities in the State of Maryland.

**Please Print or Type**

FOODSTAND TRADING AS \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

LOCATION OF EVENT \_\_\_\_\_

ORGANIZATION OR INDIVIDUAL OPERATING FOODSTAND \_\_\_\_\_

MAILING ADDRESS (WHERE LICENSE IS TO BE MAILED) \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF PERSON MAKING APPLICATION \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

TOTAL MENU (Be Specific and *include drinks*) \_\_\_\_\_

SOURCE OF ALL FOODS TO BE SERVED \_\_\_\_\_

LIST ANY FOODS BEING PREPARED OFF SITE \_\_\_\_\_

DATES OPERATING \_\_\_\_\_ HOURS OPERATING \_\_\_\_\_

ESTIMATED NUMBER OF INDIVIDUALS TO BE SERVED AT EVENT \_\_\_\_\_

HOT AND COLD WATER

UNDER PRESSURE     YES     NO     PUBLIC     APPROVED     PRIVATE

SEWAGE DISPOSAL     YES     NO     PUBLIC     APPROVED     PRIVATE

**NOTE: Fire Marshall must be contacted by applicant if operating a grill or fryer that is producing grease laden vapors. City Fire Marshall – 301-790-2476/State Fire Marshall – 301-791-4758 (outside city limits)**

**I acknowledge receipt of the Temporary Special Food Service Facilities – Guideline. My signature below constitutes my agreement to comply with regulations, requirements, and the Temporary Special Food Service Facilities – Guideline.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

*Office Use Only*

Receipt No. \_\_\_\_\_ Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_  
(Rev. May 2009)

ENVIRONMENTAL HEALTH  
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Hagerstown, Maryland 21742