TEMPORARY FOOD SERVICE FACILITY PERMIT APPLICATION

PLEASE READ CAREFULLY

Prince George's County Health Department
Department of Permitting, Inspections and Enforcement
9400 Peppercorn Place, Largo, Maryland 20774
Office: 301.883.7690 | TTY/STS Dial 711

INSTRUCTIONS

- Type or print. All blanks must be filled in, if applicable, and the application must be signed.
- Applications must be submitted a minimum of **3 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."

Check type of operation:

- ☐ **Multiple Day Temporary Event $125 + 5% Technology Fee of $6.25 for a total of $131.25 (days must be consecutive)**
- ☐ **Single Day Temporary Event $125 + 5% Technology Fee of $6.25 for a total of $131.25**
- ☐ **Multiple Day Temporary Event — Government Sponsored $75 + 5% Technology Fee of $3.75 for a total of $78.75 (days must be consecutive)**
- ☐ **Single Day Temporary Event — Government Sponsored $75 + 5% Technology Fee of $3.75 for a total of $78.75**
- ☐ **Non-Profit Organization — NO CHARGE (Must submit proof of non-profit status and booth must be staffed by members of the organization).**

- If you need assistance filling out this application, please call 301.883.7690.
- **OPERATING WITHOUT A HEALTH DEPARTMENT PERMIT IS SUBJECT TO A $300.00 FINE.**

APPLICANT INFORMATION

Trading Name of Applicant	Applicant Phone Number
Name of Applicant	Applicant Cell Phone Number
Applicant Mailing Address *Number* *Street*	Applicant E-mail Address
City *State* *Zip Code*	

EVENT INFORMATION

Event Name	Event Date
Event Location	Set-up Time
Event Coordinator and Phone #	E-mail Address

FOOD PREPARATION

Use the following section to describe your food operation. Each section must be completed. In each area CHECK ALL THAT APPLY.

Food at this event will be prepared
☐ inside a building ☐ outside in a truck or cart ☐ outside under a tent or canopy

Source of food
☐ wholesale store(s) or distributor(s) Name(s): _____
☐ retail store(s) Name(s): _____

Food will be prepared
☐ on-site before or during the event
☐ in the following licensed food service facility (include name and address):
_____

Hot or cold food will be transported to the event
☐ in insulated containers ☐ in coolers with ice ☐ in a temperature controlled truck or appliance ☐ Other _____
☐ No food requiring temperature control will be served.

Cooking equipment used ☐ no food will be cooked at event
☐ deep fryer ☐ gas grill ☐ oven ☐ rice maker ☐ stove or burners ☐ steamer ☐ Other _____

Food will be held hot ☐ on a grill, stove or other cooking device
☐ in chafing dishes ☐ under a heat lamp or in a warmer ☐ No food will be kept hot ☐ Other _____

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