Snow Hill (Main Office)
410-632-1100
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Worcester County
HEALTH DEPARTMENT
P.O. Box 249 • Snow Hill, Maryland 21863-0249
www.worcesterhealth.org

Rebecca L. Jones, RN, BSN, MSN
Health Officer

Memorandum

To: Non-Profit Temporary Food Service Facility Applicants

From: Edward Potetz, Director
Environmental Health

Date: December 14, 2023

Re: Worcester County non-profit temporary food service operating license

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Enclosed is a Temporary Food Service Operating License Application for facilities located in Worcester County.

Please review the enclosed minimum operating standards and examples prior to submitting the required items:

1. Application for License to Operate a Non-profit Temporary Food Service Facility.
2. Complete Workers' Compensation form.
3. Site plan and equipment list.
4. Food preparation procedure form.

Please return all the above items to the Worcester County Health Department, 13070 St. Martin's Neck Road, Bishopville, MD 21813. Completed applications must be received by this office **prior** to 10 business days in advance of the scheduled event. Your application must be received by 4:00 p.m. on _____. There is no fee required for a bonafide non-profit organization.

If you have any questions, please call us at 410-352-3234. Our fax number is 410-352-3369.

APPLICATION FOR LICENSE TO OPERATE A WORCESTER COUNTY NON-PROFIT TEMPORARY FOOD SERVICE FACILITY:

Application is hereby made to operate a temporary food facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities. Application and Workers Compensation must be received in this office prior to 10 business days before the event by 4:00 PM.

PLEASE PRINT OR TYPE

Organization Name_____ **Non-Profit Tax ID #** _____

Mailing Address_____

Contact Person(s)_____ **Home#**_____ **Cell#**_____ **Fax#**_____

Email Address_____ **Certified Operator(s)**_____

Event Name_____ **Date(s)/Hours of Operation**_____

Address of Event _____

REFER TO MINIUMUM OPERATING STANDARDS ON NEXT PAGE FOR CLARIFICATION OF ITEMS 1-21

Please circle/fill in all items that apply. Bolded numbers correspond to operating standards.

1. **Location of food preparation (1)**
   On-site Licensed Facility
   Name of facility _____
2. **Menu Items** _____
3. **Food Sources (grocery, retailer, etc.)** _____ **(2)**
   _____
4. **Means for transporting food to site (3)**
   Refrigerated Truck Cooler
   Refrigerator Freezer
5. **Means to maintain cold food temperatures (4 & 5)**
   Refrigerator Freezer Cooler
6. **Number of thermometers for food monitoring** ___**(5)**
7. **Hot food holding unit** Yes No **(5)**
   Type: Steam table Grill Hot plate
8. **Means to elevate food off the ground surface (6)**
   Tables Racks Shelving
9. **Means to protect exposed foods (7)**
   Sneeze Guards 3ft. distance
10. **Type of overhead protection provided (8)**
    Tent Canopy Roof
11. **Insect control measures** Fans Screening Other:_____**(9)**
12. **Type of light protector** Shatter-proof coating/Light shields/N/A **(10)**
13. **Type of disposable gloves** Vinyl Latex Plastic **(11)**
14. **Potable water source** Well Public Supply **(12)**
15. **Size of hand washing container to be provided**___ gallons**(13)**
16. **Size of container for collecting waste water**_____ **(13)**
17. **Size of 3 containers for washing, rinsing, and sanitizing** ____gallons
    Source of hot water _____**(14)**
18. **Type of Sanitizer** Bleach Quaternary Ammonium Other **(14)**
    (Test kit must be provided)
19. **Ice supplier** _____
20. **Site Plan/Food Preparation Procedures Enclosed** Yes No
21. **Type of toilet facility** Temporary _____ Permanent_____
    Location _____**(17)**

I understand that failure to comply with the attached minimum operating standards and COMAR 10.15.03 will result in the immediate suspension of the operating license and closure of the facility.

Print name _____

*Signature of Applicant*_____ *Date*___/___/___ *Position* _____

----------OFFICE USE ONLY----------

Approved by_____ Date_____

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STATEMENT OF WORKERS' COMPENSATION INSURANCE

Maryland Health-General Code Annotated Section 1-202 requires that before any license or permit be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State Workers' Compensation Laws indicating the employer's Workers' Compensation insurance policy or binder number. *Waiver or certificate of compliance can be obtained by calling the Workers'Compensation Commission at (410) 864-5100.*

CIRCLE the number of the option below which applies to you, provide the requested information, sign and date the form, and return it with the attached application. ***(NOTE: License cannot be issued without completion of this form.)***

1. I have Workers' Compensation insurance.

   Insurance Company _____

   Policy/Binder No. _____

2. A waiver has been received from the Workers' Compensation Commission. (A COPY OF THE WAIVER MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

3. As provided by Maryland Annotated Code Article 101, I am exempt from having Workers' Compensation insurance. (Circle option a or b below.)

   a. *Attached is a copy of the certificate of compliance.*

   b. *I have applied for a certificate of compliance from the Workers' Compensation Commission on _____. Copy of certificate will be forwarded to Worcester County Office of Environmental Health upon receipt.*

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (A COPY OF THE CERTIFICATE OF COMPLIANCE MUST BE ATTACHED BEFORE A LICENSE WILL BE GRANTED.)

5. I have no employees, therefore I am not required to carry Workers' Compensation insurance.

_____

_____ _____
SIGNATURE/TITLE DATE

_____ _____
FACILITY NAME TITLE

WCHD (rev) 11/05