



Worcester County

HEALTH DEPARTMENT


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www.worcesterhealth.org

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410-632-1100
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Rebecca L. Jones, RN, BSN, MSN
Health Officer

MEMORANDUM

TO: Temporary Food Service Facility Applicants

FROM: Ed Potetz, Director 
Environmental Health

DATE: December 14, 2023

RE: Temporary Food Service Operating License/Fee

Enclosed is a Worcester County Temporary Food Service Facility Operating License Application. License fees are as follows:

- 1) Two hundred dollars (\$200.00) **per booth** for single day event and facilities without a Worcester County Certified Operator on site.
- 2) Two hundred fifty dollars (\$250.00) **per booth** for multiple day events and facilities without a Worcester County certified operator (safe food handler) on site.
- 3) Eighty dollars (\$80.00) **per booth** for facilities with a Worcester County Certified Operator on site.

In order to qualify for the \$80.00 fee, the operator must have been certified prior to the date of application. Please call the office to sign up for the free class. The certified operator must be on site at all times during operation hours.

Please return the completed application, fee, Workers Compensation Form, equipment list, site plan and menu/food supplier information to the **Worcester County Office of Environmental Health, 13070 St. Martins Neck Road, Bishopville, MD 21813. Checks are to be made payable to the Worcester County Commissioners.**

Completed applications and fees must be received by this Office **prior** to 10 business days in advance of the scheduled event. Your application and fee must be received by 4:00 p.m. on _____. Any application not received **prior** to 10 business days in advance of the scheduled event must include a \$500.00 late fee. Applications will not be accepted if received 5 business days or less in advance of the scheduled event. In addition, incomplete applications and fees will be returned and subject to a \$100.00 plan review fee and late fee.

If you have any questions, please contact us at 410-352-3234.



APPLICATION FOR LICENSE TO OPERATE A 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, copy of permanent food facility license, fee, workers' compensation information, site plan, equipment list and menu/food supplier information must be received in this office prior to 10 business days before the event.

PLEASE PRINT OR TYPE

Facility/Organization Name _____ Owner _____

Mailing Address _____

Business Phone # _____ Fax # _____ Cell # _____

Email Address _____

Worcester County Certified Operator(s) _____
(Certified operator(s) must be on site during all operational hours)

Event _____ Date/Hours of Operation _____

Event Address _____

REFER TO OPERATING STANDARDS PRIOR TO COMPLETING ITEMS

Please circle/fill in all items that apply

1) Means for transporting potentially hazardous foods/ refrigerated foods to event site

Refrig. Truck _____ Motor vehicle with refig. and generator _____ Onsite delivery _____
License # _____ License # _____ Supplier _____

2) Transit and storage vehicle for other food and food equipment

Make _____ Model _____ Tag # _____

3) Location of food preparation

Onsite _____ Licensed facility _____
a. Name: _____ (Attach copy of license or written verification)
b. Address _____ Phone# _____

4) Types of foods being prepared: _____

5) Number of thermometers for food temperature monitoring _____

6) Type of overhead protection provided

Tent _____ Canopy _____ Roof _____

7) Insect control measures

Fans _____ Screening _____ Other: _____

8) Type of light protectors

Shatterproof coating _____ Light Shields _____ Not Applicable _____

9) Means to elevate food off the ground surface

Tables _____ Racks _____ Shelving _____

10) Means to protect exposed foods

Sneeze guards _____ 3ft. distance _____

11) Type and size of wash, rinse and sanitizing containers _____

12) Means to maintain required hot water (min. 100°F) for hand washing and sanitizing equipment _____

13) Type of sanitizer Bleach Quaternary Ammonium Other (Note: test kit must be provided)

14) Type of disposable gloves Vinyl Latex Plastic

15) Size and Type of hand washing container (minimum 3 gallons with toggle switch) _____

16) Method of disposing waste water _____

17) Source of potable (drinking) water

a. Well Public Supply

18) Ice supplier _____

19) Type of toilet facility

a. Temporary _____ Permanent _____

b. Location _____

I understand an incomplete application, site plan, equipment list, or menu/food supplier information will be returned and subject to an additional \$100.00 plan review fee and a \$500.00 late fee if it is not returned prior to TEN (10) BUSINESS DAYS before the event. I have read the attached operating standards and understand that failure to comply with these standards will result in immediate suspension of the operating license.

Print name of Applicant _____

Signature of Applicant _____ Date ____/____/____ Position _____

LICENSE FEE = \$80.00 Locally Certified Operator Send application to: Worcester County Health Department
\$200.00 Non-Certified Operator Single Day Event 13070 St. Martin's Neck Rd.
\$250.00 Non-Certified Multiple Day Event Bishopville, MD 21813
Make check payable to Worcester County Commissioners 410-352-3234

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

Approved by _____ Date _____