



# **GARRETT COUNTY**

## HEALTH DEPARTMENT

**Environmental Health Services**  
Stephen J. Sherrard, MS, LEHS, Director  
Robert Stephens, MS | Health Officer  
1025 Memorial Drive, Oakland, Maryland 21550  
301-334-7760 or 301-895-3111 | Fax 301-334-7769

### **APPLICATION FOR PERMIT** **TO OPERATE A TEMPORARY FOOD SERVICE FACILITY**

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities

**\*COMPLETE BOTH SIDES OF THE APPLICATION**

BUSINESS/ ORGANIZATION NAME \_\_\_\_\_

NAME OF PERSON IN CHARGE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EMAIL CONTACT \_\_\_\_\_

LOCATION OF TEMPORARY FACILITY \_\_\_\_\_

DATE(S) AND TIME OF OPERATION \_\_\_\_\_

FOODS TO BE SERVED \_\_\_\_\_

LOCATION OF FACILITY WHERE FOODS ARE PRE-PREPARED (**ENCLOSE COPY OF THE FACILITY HEALTH PERMIT**)

\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF APPLICANT \_\_\_\_\_

**(OVER)**

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**DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY**

RESTRICTIONS AND/OR SPECIAL CONDITIONS \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_ FEE PAID \_\_\_\_\_

DATE ISSUED \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

TEMPORARY FACILITY NUMBER \_\_\_\_\_



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**garretthealth.org**

Toll Free Maryland Department of Health 1-877-463-3464  
TDD for Disabled Maryland Relay Service 1-800-735-2258  
*Equal Opportunity Employer*

## **INFORMATION NEEDED FOR A TEMPORARY FOOD SERVICE PERMIT**

If additional space is necessary, attach a separate sheet using corresponding numbering.

1. List all food items to be provided: \_\_\_\_\_  
\_\_\_\_\_
2. List sources of food, water, and ice: \_\_\_\_\_  
\_\_\_\_\_
3. Describe how perishable food items will be kept hot/cold during transportation and service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List all places where food will be prepared if other than the temporary stand site. **Provide copy of health permit.**  
\_\_\_\_\_  
\_\_\_\_\_
5. Briefly describe food service operation, including preparation procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Briefly describe hand washing, utensil washing and surface cleaning technique: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Describe methods of food protection: ea.) Food trailer; overhead cover/tables; etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List sewage disposal plans – Include disposal of water from food service operation and number of portable toilets: \_\_\_\_\_  
\_\_\_\_\_

**A \$30 fee is required which should be submitted along with the application. Checks may be made payable to “Garrett County Health Department” or “GCHD”. There is no fee for non-profit organizations.**

**If you have any questions, please call this office at 301-334-7760.**



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