

Date Paid:	_____
Amount Pd:	_____
Pd by:	_____

**CALVERT COUNTY HEALTH DEPARTMENT**  
 Division of Environmental Health  
 P.O. Box 980  
 Prince Frederick, MD 20678  
 410-535-3922/301-855-1557  
 Fax# 410-535-5252  
[www.calverthealth.org](http://www.calverthealth.org)

**APPLICATION FOR LICENSE TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

Application is hereby made to operate a food establishment in accordance with the Annotated Code of Maryland-Health General Article Governing Food Establishments. A Permit Fee for a Temporary Food Establishment is \$50 that must accompany this application. Please make all checks payable to the Calvert County Health Department. THIS APPLICATION AND ACCOMPANYING SURVEY AND HACCP PLAN (HIGH AND MODERATE PRIORITY OPERATIONS ONLY) MUST BE SUBMITTED A MINIMUM OF 10 CALENDAR DAYS PRIOR TO THE EVENT DATE. APPLICATIONS RECEIVED LESS THAN 10 DAYS PRIOR TO THE EVENT DATE MAY BE DENIED. *If you have submitted a HACCP plan to this office within the past 5 years and your menu has not changed, you are not required to resubmit the plan with each application.*

PLEASE PRINT OR TYPE

I. Name of Facility: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Phone# \_\_\_\_\_ Owners Phone# \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Owner of Business: \_\_\_\_\_  
(Please Print)

Owners Signature: \_\_\_\_\_

Event Coordinator Name: \_\_\_\_\_ Contact Phone# \_\_\_\_\_

Coordinator's Phone# for Date of Event: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*\*\*\*\*

II. Check Type of Establishment: (Check all that apply)

Temporary \_\_\_\_\_ Caterer \_\_\_\_\_ Mobile Unit \_\_\_\_\_ Other: \_\_\_\_\_

Sewerage: Public \_\_\_\_\_ Private \_\_\_\_\_ Water Supply: Public \_\_\_\_\_ Private \_\_\_\_\_

\*\*\*\*\*

OFFICIAL USE ONLY: License Number: \_\_\_\_\_ Approved By: \_\_\_\_\_

HACCP Plan Approval Date: \_\_\_\_\_ Permit Approval Date: \_\_\_\_\_

III. Special Event (Name): \_\_\_\_\_

Location: \_\_\_\_\_

Date(s) and Time(s): \_\_\_\_\_

Menu: \_\_\_\_\_

Location(s) of Food Preparation: \_\_\_\_\_

\*\*\*\*\*

IV. Mobile Unit: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Tag#: \_\_\_\_\_ Vin#: \_\_\_\_\_

Owner: \_\_\_\_\_

(Name, Address, Phone Number)

Special Markings: \_\_\_\_\_

(Names, Numbers Etc.)

Food to be Sold: \_\_\_\_\_

\*\*\*\*\*

V. Source of Food: \_\_\_\_\_

(Name of Supplier, Grocery, Restaurant or Commercial Distributor)

Type of Food Service System: (Check all that apply)

\_\_\_\_\_ Cook, Serve

\_\_\_\_\_ Cook, Hot Hold, Serve

\_\_\_\_\_ Cook, Chill, Reheat, Hold, Serve

\_\_\_\_\_ Cold, Hold, Serve

\_\_\_\_\_ Commercially Packaged Food Only

\_\_\_\_\_ Other: \_\_\_\_\_

\*\*\*\*\*

VI. Workers Compensation Insurance Information:

Workers Compensation Insurance provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes", please list Carrier Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

If "no", please list reason (exempt, sole proprietor, etc....): \_\_\_\_\_

*By signing this application, you hereby acknowledge that your business is in compliance with the Maryland Worker's Compensation Laws and Regulations.*

# CALVERT COUNTY HEALTH DEPARTMENT

## Division of Environmental Health

P.O. Box 980

Prince Frederick, MD 20678

410-535-3922/301-855-1557

Fax# 410-535-5252

[www.calverthealth.org](http://www.calverthealth.org)

## TEMPORARY FOOD ESTABLISHMENT ASSESSMENT

### Event Information

Name of Event: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

What time will the TFE be set-up and ready for inspection: \_\_\_\_\_

*\*Adequate shielded or shatterproof lighting must be provided after dusk.*

---

### Operations

1.) Preparation of food will occur (Circle One): ON-SITE or OFF-SITE

If OFF-SITE, please attach a copy of the current food license and most recent Health Department inspection for the food establishment that the food preparation will be taking place at.

**\*Home Prepared and Home Stored Foods Are NOT Allowed.**

2.) Describe the method for transporting cold and/or hot food:

3.) List the methods used for cold holding and hot holding food during the event:

4.) Describe the set-up for warewashing and the type of sanitizer that will be used during the event:

5.) Provide the type of sanitizer that will be used for sanitizing buckets:

*\*Test strips must be provided to measure sanitizer concentration.*

Please check the following items that will be provided during the event:

- Hair Restraints for all food staff
  - Stem thermometer (digital or dial that reads temperatures in 2° increments ranging from 0° to 220°)
  - Gloves for ready-to-eat foods
  - Siding or screening for 3 of the 4 sides of the tent
  - Cleaning bucket with soap and warm water for cleaning surfaces prior to sanitizing
  - A potable water hose that is NSF approved or equivalent
- 

## Utilities

- 1.) What is the source of water used for hand washing, warewashing, and food preparation? (*\*Ensure proper backflow protection is provided if direct water connections will be used on-site.*)
  
- 2.) What is the method of waste water disposal from hand washing and warewashing equipment?
  
- 3.) Who will be responsible for refuse disposal and how will refuse be stored on-site?

Provide a drawing of the Temporary Food Establishment. Please include and label the following: **location of hand washing station(s), dishwashing location, food preparation tables for ready-to-eat foods and raw meat products, all cooking equipment, and any self-service areas for customers.** If a truck or trailer will be used for food storage please ensure that no food is stored on the floor and the area is available for inspection.

## Calvert County Health Department Temporary Food Service Facility Menu Page

**All food should be prepared and cooked at the event. Should any of the menu items served at the event be prepared off-site then please fill in the information below and provide a copy of the facility's food license.**

Name of Licensed Facility: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_ Facility License # \_\_\_\_\_

Below please list all the menu items that will be served during the event. All foods must be from an approved source and prepared at a licensed food service facility or onsite at the event. No food can be stored, prepared, or cooked at a private home. Should this form not be filled out or received incomplete this may delay the approval of your permit.

Menu Item	Place of Preparation	Method of Cold Holding*	Method of Cooking**	Method of Hot Holding***	Method of Cooling (if applicable)	Method of Reheating (if applicable)
Ex. Chicken	Fairgrounds under tent	In cooler with ice at 41°F or less	On-site, grill with cover or fryer to a temperature of above 165°F	Chaffing pan or warming unit. Product held at 135°F or greater	N/A	N/A

**See reverse side for more space and for proper temperatures**

Menu Item	Place of Preparation	Method of Cold Holding*	Method of Cooking**	Method of Hot Holding***	Method of Cooling (if applicable)	Method of Reheating (if applicable)

**Required temperatures according to COMAR 10.15.03**

\*Cold Holding (minimum): All foods: 41°F or less; 45°F Shell Eggs & Shellfish; Pasteurized Crabmeat: 38°F

\*\*Hot Holding (minimum): All foods: 135°F or greater

\*\*\*Minimum Cook Temps: **SEE TEMPERATURE CONTROL CHART FOR ALL COOK TEMPERATURES**  
 Poultry: 165°F; Ground Fish/Meats: 155°F; Whole Meat/Pork/Seafood: 145°F;  
 Fruits, Vegetables & Ready-to-Eat Commercially Processed Foods Cooked for Hot Holding: 135°F  
 Whole Roast: 130°F for 112 minutes

Cooling Process: All Foods: 135°F-70°F within first 2 hours then from 70°F-41°F within an additional 4 hours

Reheating Process: All Foods: 165°F within 2 hours

### SAFE FOOD TEMPERATURE CHART

FOOD	MINIMUM INTERNAL TEMPERATURE °F	HOLDING TIME AT SPECIFIED TEMPERATURE
Shell eggs. Fish, meat, and all other potentially hazardous foods not specified in Chart 1.	145	15 seconds
Shell eggs not prepared for immediate service, ratites, comminuted fish and meats, game animals commercially raised for food, and injected meats.	145	3 minutes
	or	
	150	1 minute
	or	
	155	15 seconds
	or	
	158	< 1 second
Whole roasts (beef, corned beef, pork and cured pork roasts such as ham). Holding time may include post oven heat rise. Minimum oven temperature for roasts greater than 10 pounds is 250°F for dry heat. For roasts less than 10 pounds, minimum oven temperatures are 350°F for dry heat and 325°F for convection ovens. Oven temperature may be 250°F or less for high humidity cooking (relative humidity greater than 90 percent for at least 1 hour or in a moisture impermeable bag that provides 100 percent humidity).	130	112 minutes
	or	
	131	89 minutes
	or	
	133	56 minutes
	or	
	135	36 minutes
	or	
	136	28 minutes
	or	
	138	18 minutes
	or	
	140	12 minutes
	or	
	142	8 minutes
	or	
	144	5 minutes
or		
145	4 minutes	
or		
147	134 seconds	
or		
151	54 seconds	
or		
155	22 seconds	
or		
158	none	
Poultry; stuffed meat, pasta, or poultry, and exotic bird	165	15 seconds
Raw foods of animal origin cooked in a microwave oven.	165	Hold for 2 minutes after microwaving
Fruits and vegetables cooked for hot holding, ready-to-eat commercially processed foods, and hot holding.	135	None
Ready-to-eat commercially processed foods for immediate service.	None	None