Carroll County Health Department

Susan M. Doyle, R.N. Health Officer

Robert P. Wack, M.D. Deputy Health Officer

Andrea Drenner-Hanley, L.E.H.S. Director, Environmental Health



Special Food Service Facility Temporary License

Fee for Application is \$25 and non-refundable

Event Information	Name of Event			Event Date(s)
	Event Address Location			
	Event Contact Name		Daytime Phone Number	Email Address
Applicant Information	Trading Name Organization			Applicant Phone Number
	Name of Applicant			Applicant Cell Phone Number
	Applicant Mailing Address			Applicant E-mail Address
	City	State		Zip Code
Do you have a Food Service Facility License in the State of Maryland \Box Yes \Box no. If yes, provide a copy of your License.				
Water Public water on site: Yes No (If no, the license holder is responsible for providing potable water) Supply				
Menu Foods - Indicate the Source and Equipment used				
Menu Item		Source of Food		Equipment Utilized
	This business or person does not and will not employ a covered employee, as defined at Md. Code			
Workers' Compensation	Ann., Labor and Employment Title 9.			
	U Workers' Compensation Insurance Company and Binder Number (or attach copy of exemption of			
	self-insurance certificate)			
	Company Name Binder #			
My signature below constitutes my agreement to comply with all Maryland regulations and Guidelines for a Special Food Service Facility.				
Printed Name of Applicant		Signature of Applicant Date of Signature		Date of Signature