



Washington County Health Department

1302 Pennsylvania Avenue, Hagerstown, MD 21742

washcohealth.org
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Application for Permit to Operate a Special Temporary Food Service Facility

Application is hereby made to operate a food service facility in accordance with COMAR 10.15.03

Please Print or Type

Organization or Individual Operating Foodstand _____

Name of Event _____

Location of Event _____

Name of Person Submitting Application _____

Phone Number _____

Total Menu (**Be specific & include beverages**) _____

Where is Food Being Purchased? _____

Food Being Prepared Offsite _____

Date(s) of Event _____ Hours Operating _____

Rain Date _____ Estimated # of People to be Served _____

Hot & Cold Water _____ Public _____ Approved Private

Sewage Disposal _____ Public _____ Approved Private

How do you want to receive your permit? Choose ONE only

Email _____




Fax _____

Postal Address _____

Note: Fire Marshall must be contacted by applicant if operating a grill or fryer that produces grease-laden vapors. City Fire Marshall @ 301-790-2476 – OR – State Fire Marshall @ 301-766-3888 (outside city limits)

Signature below constitutes my agreement to comply with all State regulations, requirements, and the Special Temporary Food Service Facilities Guidelines are required by MD COMAR 10.15.03 regulations.

Signature of Applicant _____ Date _____

IF NOT PAYING IN PERSON USING VISA, MASTERCARD OR DISCOVER, PLEASE COMPLETE BELOW:		
		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER		
CARD NUMBER	AMOUNT \$25.00	
NAME ON CARD AND SIGNATURE	EXP. DATE (MM/YYYY)	3 DIGIT SECURITY CODE

ENVIRONMENTAL HEALTH

240-313-3400 Voice • 800-552-7724 TDD • 240-313-3424 Fax

wchd.eh@maryland.gov

Returned check
fee \$25