

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**  
[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, that must accompany this application, is as follows: Received within 10 days, \$100.00, 6-9 days, \$130.00, 3-5 days, \$190.00, less than 3 days, \$245.00.

Please make all checks payable to the Calvert County Health Department.

**PLEASE PRINT OR TYPE**

**\*No Fax or Electronic Submission will be Accepted\***

**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: \_\_\_\_\_

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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 & ready for inspection: \_\_\_\_\_

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

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### Operations

1.) Preparation of food will occur (**Check 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 Permitted.

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

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

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## **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 it 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 next page 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; Vacuum Packaged Foods: 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

**CERTIFICATE OF COMPLIANCE**  
**Application Instructions**

**NOTE:**

**Md. Code Ann., Lab. & Empl. §9-201 requires an employer with one or more employees to carry workers' compensation insurance.**

The purpose of this Certificate of Compliance is to identify those employers that are not required to carry workers' compensation insurance coverage and to enable that employer to apply for, and obtain, a license or permit from a government agency that requires proof of workers' compensation insurance coverage. **A Certificate of Compliance is not workers' compensation insurance and is not binding on the Workers' Compensation Commission under any circumstances.**

Before a governmental unit may issue a license or permit to an employer to engage in an activity in which the employer might employ a covered employee, the employer shall submit to the governmental unit:

- (1) a certificate of compliance with this title; or
- (2) the number of a workers' compensation insurance policy or binder.

If an employer is not covered by a workers' compensation insurance policy, an application to secure a Certificate of Compliance must be submitted to the Worker's Compensation Commission pursuant to Labor & Employment Article §9-105.

**Eligibility:**

An employer may secure a Certificate of Compliance in the name of the employer, only if the employer is an entity set forth in Labor and Employment Article, §9-206(b)(1) – (b)(5) with no covered employees other than Corporate officers or limited liability company members who have elected to be exempt from workers' compensation coverage.

Sole Proprietors, Partners and Individuals who are owner/operators of a Class F Vehicle, and are not employers, are not eligible to receive a Certificate of Compliance. For the above business types, a letter of exemption will be supplied that can be submitted to the licensing agency.

Mail Application to: **Workers' Compensation Commission**  
**Attention: IC&R Division**  
**10 East Baltimore Street**  
**Baltimore, Maryland 21202-1641**

Facsimile Applications ARE NOT accepted. Do not photocopy or electronically reproduce. Required signatures must be original.

An applicant who receives notice of disapproval may: (1) reapply for a certificate of compliance or (2) appeal the rejection in accordance with § 10-222 and § 10-223 of the State Government Article.



WORKERS' COMPENSATION COMMISSION

APPLICATION FOR CERTIFICATE OF COMPLIANCE



INSTRUCTIONS: Please review the instructions on page 2 completely prior to completing this application. Complete in Adobe Reader, type or print legibly.

Name of Business: \_\_\_\_\_

Business Address (P.O. Box is not acceptable): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Federal Employer Identification Number or Social Security Number(s) \_\_\_\_\_

Name of Owner(s) or Member(s):

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, of the above-named business hereby affirm, under the penalties of perjury, (Name of Authorized Representative) (Title/Company Position) that workers' compensation is not required pursuant to Labor and Employment Article: (Select the appropriate reason with a check in the adjacent box. Do not modify or qualify the stated reason.)

- a.  §9-206(b)(1) (Close Corporation) — Attach Exclusion Form IC-16
- b.  §9-206(b)(2) (General Corporation) — Attach Exclusion Form IC-16
- c.  §9-206(b)(3) (Farm Corporation) — Attach Exclusion Form IC-16
- d.  §9-206(b)(4) (Professional Corporation) — Attach Exclusion Form IC-16
- e.  §9-206(b)(5) (Limited Liability Company) — Attach Exclusion Form IC-16

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMMISSION ACTION**

The application for Certificate of Compliance is:  APPROVED  DISAPPROVED

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
Workers' Compensation Commission





WORKERS' COMPENSATION COMMISSION

EXCLUSION FORM

INSTRUCTIONS: Pursuant to Labor & Employment Article §9-206, Annotated Code of Maryland, officers or members of certain business entities may elect to be exempt from workers' compensation insurance coverage by filing this Exclusion Form with the Commission. To exercise this option, the officer or member making the election must sign this document. Mail the original form to the Workers' Compensation Commission, a copy to the insurer of the company/corporation, and keep a copy for your files.

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Type of Company:

- Close Corporation, General Corporation, Farm Corporation, Professional Corporation, Limited Liability Company

Insurance Company Name: \_\_\_\_\_

Date Insurance Company Notified: \_\_\_\_\_

Table with 3 columns: Typed Name and Title of the Officer or Member Electing Exclusion, % of Ownership, Personal Signature. Includes a total row with values (Total cannot exceed 100) and 0.00.

NOTE: By signing this Exclusion Form, each officer or member affirms under the penalties of perjury that the information contained in this form is true and correct as to that officer or member, to the best of the officer's or member's knowledge, information, and belief.