Vendor Form

Applicant’s Name: ____________________________________________________________

Applicant’s Home Phone Number    _____ - _____ - ________

Do you have a Food Service Facility License in the State of Maryland?    ____Yes    ____No

Name of Event: ________________________________________________________________

Date(s) of Event: _________________________   ______________________   _____________________

Location of Event: ______________________________________________________________________

Sponsoring Organization: ____________________________________________________________

I do hereby make application to operate a stall or stand under the temporary Food Service Facility License issued
too the above-noted sponsoring organization. In making this application, I agree to comply with all pertinent
Health Department regulations. Please Provide A Copy Of Your Current Food Service Facility License
The foods and equipment I intend to use are as follows:

Foods

______________________________

______________________________

______________________________

Equipment

Hand-washing facility with soap and disposable towels

3-pan dishwashing set-up with soap and water, rinse water, and sanitizer water (Separate from hand-washing station)

Food Thermometer(s) and Disposable Gloves

Cooking Equipment: ________________

Hot Hold Equipment: ________________

Cold Hold Storage: ________________

Other: _______________________________________

Fee $15    Paid__________

Vendor’s Signature __________________________________       Date __________________

**All foods must be prepared the day of the event. No foods may be cooled under temporary license**

*Food must be prepared and stored at event location or a licensed approved food service facility.

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