

TEMPORARY FOOD SERVICE FACILITY
PERMIT APPLICATION

Prince George's County Health Department
Environmental Health

Largo Government Center | 9201 Basil Court, Suite 318
Largo, Maryland 20774-5310
Office 301-883-7690 | TTY/STS Dial 711 for MD Relay

PLEASE READ CAREFULLY

INSTRUCTIONS	<ul style="list-style-type: none"> ◆ Application fee is non-refundable. ◆ Type or print in black ink. All blanks must be filled in, if applicable, and the application must be signed. ◆ Send the application fee to the address above, in the form of a check or money order made payable to: "Prince George's County Health Department." ◆ Only signed original applications will be accepted (no faxed or scanned and e-mailed applications will be processed). ◆ Check type of operation: <ul style="list-style-type: none"> <input type="checkbox"/> Multiple Day Temporary Day Event \$75.00 <input type="checkbox"/> Single Day Temporary Event \$75.00 <input type="checkbox"/> Single Day Temporary Event \$25.00 (If application is <u>received</u> 14 or more calendar days before the event) <input type="checkbox"/> Special Food Service Facility/Non-Profit Organization NO CHARGE (Must submit proof of non-profit status and booth must be staffed by members of the organization) ◆ Incomplete applications will be returned for corrections/completion and will delay issuance of permit. ◆ Permits must be issued prior to preparation or sale of food. ◆ If you need assistance filling out this application, please call 301-883-7690. ◆ The application must be received at least three (3) days prior to the event to guarantee issuance of a permit. ◆ OPERATING WITHOUT A HEALTH DEPARTMENT PERMIT IS SUBJECT TO A \$300.00 FINE. 			
APPLICANT INFORMATION	Trading Name or Organization		Applicant Phone Number	
	Name of Applicant		Applicant Cell Phone Number	
	Applicant Mailing Address	Number	Street	Applicant E-mail Address
	City	State	Zip Code	
	Foods Being Served by Applicant			
EVENT INFORMATION	Name of Event		Event Date	
	Event Address / Location		Setup Time	
	Event Coordinator/Contact Person	Daytime Phone No.	E-mail Address	
PLEASE SIGN	<ul style="list-style-type: none"> ◆ <i>I have examined and read the above application and know the same is true and correct, and that in operating a food service facility, I agree to comply with all applicable laws and regulations including, but not limited to, the State of Maryland and Prince George's County.</i> ◆ <i>I understand that falsification of this application may result in the denial, suspension or revocation of the permit.</i> <p style="text-align: center;"> </p> <p style="text-align: center;"> <i>Applicant Signature</i> <i>Printed Name of Applicant</i> </p>			

Do Not Write Below This Line

FOR OFFICE USE ONLY	Date of Approval	Receipt Number	Amount Received	Date Received	Facility Number
	Approved By	Permit Number	Date Permit Issued	Expiration Date	