



Larry L. Leitch, M.A., M.P.A.
Health Officer, Carroll County

Elizabeth M. Ruff, M.D.
Deputy Health Officer

Vendor Form
(fill out in duplicate)

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.

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 _____

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