



## Temporary Food Service Facility Instruction for License Application

Applications must be submitted at least two weeks prior to the event. The License Application, a completed Workmen's Compensation Form and an application fee (\$195.00 for High/Moderate Risk Facilities or \$35.00 for Low Risk Facilities) must be submitted to the Department of Health.

**CHECKS MUST BE MADE PAYABLE TO: CONTROLLER, ANNE ARUNDEL COUNTY.**

NOTE: A penalty fee (High/Medium Priority - \$39.00 and Low Priority - \$7.00) will apply if the application is submitted less than two weeks before the event.

**Temporary Event Name:** Indicate name of temporary event.

**Location of Event:** Name of actual site where event is taking place.

**Facility Name:** Indicate the booth or facility name to be advertised at the event.

**Business Owner Name, Email, Phone Number, and Mailing Address:** Indicate the name, address, phone number and email address.

**Temporary Event Coordinator Name and Phone Number:** Indicate the temporary event coordinator, person in charge of event, and a contact telephone number.

**Dates and Hours of Operation:** Indicate the actual dates and hours event will be occurring.

**Date and Time of Setup:** Indicate date and time setup will be complete to begin food service operations.

**Location of Food Preparation:** Indicate where the food will be prepared, either at a licensed food service facility (e.g., restaurant) or on-site.

**Federal ID#:** Indicate Federal Tax ID.

**Tax Exempt:** Have you submitted tax exempt status information (if applicable)?

**Water:** Indicate if the location of the event is served by public water or private well. (For a private well, bacteria and nitrate-nitrogen sample results from a certified laboratory are required prior to the event).

**Waste Disposal:** Indicate if event is served by public sewer or private sewage disposal system.

**Print name, sign and date the application:** Applicant(s) must print their name, sign and date the application.

**Menu:** All foods prepared and/or served at the event must be indicated on the attached Temporary Food Service Facility Menu Page.



Temporary Food Service Facility License Application

Housing and Food Protection Services
Bureau of Environmental Health
Anne Arundel County Department of Health
3 Harry S. Truman Parkway
Annapolis Maryland 21401
410-222-7238 Fax: 410-222-7678

Name of Event: Crofton Farmers Market

Location of Event: 1691 Crofton Pkwy, Crofton, MD 21114
(Include street number, name, city, state, and ZIP code)

Facility Name: Crofton Country Club

Business Owner/ Contact Person: Email:

Mailing Address: Phone:

Event Coordinator Name: Chad Houck Phone: 410-353-2861

Date and Hours of Event Wednesdays 3-7pm April 19th - Oct 25, 2017 Setup Time\*: 2pm

\*This time indicates when your temporary food service facility will be set up and ready for inspection. Food may not be served to the public unless an inspection is performed and a license is issued by the Department of Health. To allow for a proper inspection, we advise that the setup of your temporary food service facility is complete and ready for inspection at least 30 minutes prior to the start of the event.

On-site Food Preparation: Must attach the Temporary Food Service Facility Menu Page to this application.

- ( ) Outside tent ( ) Indoor booth
( ) Mobile unit or trailer/Tag number: Where licensed:
( ) Other:

Federal ID#: (non-profits only) Tax Exempt Verification Submitted (Y/N):

Water Supply: Public Water Private Well Wastewater disposal: Public Sewer Septic System

The Department of Health may suspend or revoke a temporary food service facility license if the licensee fails or neglects to:

- (a) correct a violation in the specified time period;
(b) comply with an approved written schedule of compliance;
(c) correct a critical item immediately;
(d) correct a violation in a temporary food service facility within 24 hours; or
(e) when an immediate and substantial danger is found to exist to public health safety or welfare.

Applicant Printed Name:

Applicant Signature: Date:

Office Use Only

HACCP Priority ( ) High/Moderate: \$195 ( ) Low Priority: \$35 ( ) Exempt \$0.00

ID#

Date Approved ( ) Penalty Fee H/M: \$39 ( ) Penalty Fee Low: \$7

Inspector

## Temporary Food Service Facility Menu Page

Name of Facility (if prepared off-site): \_\_\_\_\_ Facility Phone#: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Facility Contact Person: \_\_\_\_\_

List all potentially hazardous foods you plan on serving in the chart below. All food must be from an approved source and prepared in a licensed food service facility or on-site at the event. Changes to menu items must be made at least 48 hours prior to the event. Failure to list menu items may result in a delay of license approval or a denial.

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	At fairgrounds	Cooler with ice at a temperature below 41°F	On-site, on grill, to a temperature above 165°F	Chaffing pans at a temperature of 135°F	N/A	N/A

\*Cold Holding (minimum):

All Foods: 41°F; 45°F Shell Egg & Shellfish; Pasteurized Crabmeat: 38°F

\*\*Hot Holding (minimum):

All Foods: 135°F

\*\*\*Minimum Cook Temps:

**See Temperature Control Chart for Potentially Hazardous Foods**

Poultry: 165°F; Ground Meat: 155°F; 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:

All Foods: 135°F – 70°F within 2 hours and 70°F - 41°F within an additional 4 hours

Reheating:

All Foods: 165°F within 2 hours



## **Priority Assessment for Temporary Food Service Facilities**

In order to properly classify temporary food service facilities, the Department of Health requires that all operators carefully review and provide the following information.

Please check ALL preparation processes that will be utilized at your temporary food service facility:

### **Low Priority \$35**

- Commercially packaged, potentially hazardous products that are served directly to the customer
- Non-potentially hazardous food that is cut, assembled or packaged on the premises, such as candy, popcorn and shelf stable baked goods
- Hand-dipped ice cream

**Examples: Pre-packaged ice cream & pre-packaged deli sandwiches for service at the temporary food service facility**

### **Moderate Priority \$195**

- Potentially hazardous food that is cut, assembled or packaged on the premises, such as meats and deli products, as well as raw seed sprouts, cut tomatoes, cut melon, and cut leafy greens
- Potentially hazardous food that is prepared using methods that require it to pass through the temperature range of 41 °F to 135 °F not more than one time

**Examples: Deli sandwiches made to order and hot dogs that are kept hot for service at the temporary food service facility**

*Leftovers are discarded.*

### **High Priority \$195**

- Potentially hazardous food that is prepared a day or more in advance of service
- Potentially hazardous food that is prepared using methods that require the food to pass through the temperature range of 41 °F - 135 °F two or more times

**Examples are prime rib – cooked and cooled at licensed facility and sliced to order on site; Maryland crab soup – cooked and cooled at licensed food service facility, reheated and kept hot for service at the temporary food service facility**

*Cooling is allowed; leftovers are kept and re-used.*



**STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT**

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may be issued under the Health-General Article to an employer to engage in an activity in which the employer may employ any individual, the employer must file with the issuing authority a certificate of compliance with the State workers' compensation laws indicating the employer's workers' compensation insurance policy or binder number.

**Circle the number of the option below which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.**

1. I have workers' compensation insurance:

Name of Insurance Company \_\_\_\_\_

Policy or Binder Number \_\_\_\_\_

2. A waiver has been received from the Workers' Compensation Commission.  
(ATTACH A COPY OF THE WAIVER).

3. As provided, I am exempt from having workers' compensation insurance.  
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

4. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission.  
(ATTACH A COPY OF THE CERTIFICATE OF COMPLIANCE).

5. I am self-employed. I have no employees.

**I solemnly affirm under the penalties of perjury that the information provided on this form is true.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signing

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Applicant's Title in the Business

\_\_\_\_\_  
Street Address of Business

\_\_\_\_\_  
City, State, and ZIP Code of Business

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Type of License

**FOR OFFICE USE ONLY**

New Permit/License \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hold \_\_\_\_\_ Date \_\_\_\_\_

Reason \_\_\_\_\_ By \_\_\_\_\_

# 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. Submit 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: \_\_\_\_\_

Typed Name and Title of the Officer or Member Electing Exclusion	% of Ownership	Personal Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

10 East Baltimore Street · Baltimore, Maryland 21202-1641  
 410-864-5100 · Email: [info@wcc.state.md.us](mailto:info@wcc.state.md.us) · Web: <http://www.wcc.state.md.us>



# 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  
(Name of Authorized Representative) (Title/Company Position)  
affirm under the penalties of perjury 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

10 East Baltimore Street - Baltimore, Maryland 21202-1641  
410-864-5100 - Email: info@wcc.state.md.us - Web: http://www.wcc.state.md.us

**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 required to file an application for a Certificate of Compliance.

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.