



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 07/20/2020

Event Title or Type: Walk Thru Recovery Works Event 2020

Location of Event: 524 Race St. Cambridge MD 21613 (PARKING LOT)

Date(s) of Event: 09/19/2020 Hours of Event: 12pm-4pm

Organization/Corp. Name: Dri-Dock Recovery & Wellness Center / Dorchester County Health Dept.

Signature of Holder of Event: Jamie Schultz

Printed Name: Jamie Schultz Title: Supervisor

Address of Holder of Event: 524 Race St. Cambridge MD 21613

Business Telephone: 410-228-3230 Residence Telephone: 410-443-8155

Email Address: jamie.schultz@maryland.gov

Is Organization Non-Profit? Yes No

Is there a charge for admission? Yes No

Is event to on City, State, or Private Property? Yes If private, name of owner: _____

Are you requesting the city to provide trash containers? Yes No

Is water available at event? Yes No

If yes, list source of water (i.e. fire hydrant, Great Marsh, Sailwinds, etc.): Office Building

Will a tent be erected? Yes No (Include on plan)

Expected Attendance: 50+ Venue Seating Capacity: Outside event

Is parking available: Yes No For how many vehicles? _____

Is staging or platform required? Yes No Amplification? Yes No

List types of musical instruments: DJ

Are required approvals attached, e.g., State, County: Yes No

Is a street closing being requested (attach map)? Yes No

If yes, indicate closure time (consider set up and breakdown time): _____

Will food be prepared on the premises? Yes No

If yes, is County Health Dept. Inspection Approval attached? Yes No

Will alcohol be served? Yes No

If yes, please attach a copy of the county liquor license
If no, please submit a copy after you receive it

ROAD RACE, WALK-A-THON, ETC.

On Roadway Yes No

On Sidewalk Yes No

Will notification be made to residents along the route? Yes No

Will temporary signs be posted? Yes No

(Signs must be removed by the following business day, no paint is allowed on streets or sidewalks.)

SPECIFIC ROUTE: _____

-FOR OFFICE USE ONLY-

City Manager Approved/Denied: _____ Date: _____

Special Conditions, if : _____

Police Detail Estimated Cost: \$ _____ DPW Personnel Estimated Cost: \$ _____

Cambridge Police Department: Approved: _____ Denied: _____ Signature: _____

Rescue Fire Department: Approved: _____ Denied: _____ Signature: _____

Department of Public Works: Approved: _____ Denied: _____ Signature: _____

DRI-DOCK RECOVERY & WELLNESS CENTER'S
6TH ANNUAL RECOVERY WORKS EVENT

RACE FOR RECOVERY

COME JOIN US IN THE FIGHT AGAINST
STIGMA RELATED TO SUBSTANCE USE
DISORDER & MENTAL HEALTH.

TAKE A WALK THROUGH OUR
RECOVERY RACE TRACK.

RECOVERY RACE TRACK IS DESIGNED TO
KEEP SOCIAL DISTANCING MEASURES IN
PLACE TO HELP PREVENT THE SPREAD
OF COVID-19.

FACE MASKS WILL BE REQUIRED.

SEPTEMBER 19, 2020

12 PM - 4PM

524 RACE ST. CAMBRIDGE, MD. 21613

MUSIC - FOOD

RECOVERY VENDORS

DRI-DOCK RECOVERY & WELLNESS CENTER
DOCHESTER COUNTY BEHAVIORAL HEALTH
DOCHESTER COUNTY HEALTH DEPARTMENT
AND MORE

FOR MORE INFO PLEASE CALL 410-228-3230



POST IN CONSPICUOUS PLACE



STATE OF MARYLAND

MDH

Maryland Department of Health

TEMPORARY FOOD EVENT PERMIT
VALID FOR DATE OF ONE EVENT ONLY

Issued to: Jamie Schultz

Trading as: Dri-Dock Recovery and Wellness

Name of Event: 6th Annual Recovery Works

Location of event: 524 Race St.
Cambridge, MD

THIS LICENSE IS GRANTED PURSUANT TO THE ANNOTATED CODE OF MARYLAND, HEALTH-GENERAL ARTICLE § 21-305 AND IS SUBJECT TO ANY AND ALL STATUTORY PROVISIONS INCLUDING ALL APPLICABLE RULES AND REGULATIONS PROMULGATED THEREUNDER.

DORCHESTER COUNTY

J. L. [Signature]
Licensed Environmental Health Specialist

I.D. No. T6724

Date of Event Saturday September 19, 2020

(Not transferable except as expressly provided by Rule or Regulation)



Dorchester County Health Department
 Division of Environmental Health
 3 Cedar St. Cambridge, MD 21613
 Phone: 410-228-1167 Fax: 410-901-8192

Temporary Food Service Facility Permit Application

Application due a minimum of two weeks prior to event.

Please read and review all pages of this application.

Facility/Organization Name: Dri-Dock Recovery & Wellness Center
 Mailing Address: 524 Race St. Cambridge MD 21613
 Facility/Organization Operator: Jamie Schultz Contact Phone: 410 228 3230
 Type of Organization (choose one): For Profit Non Profit (provide 501 (c)(3) designation)
 On-Site Person-in-Charge: Jamie Schultz
 On-Site Person-in-Charge cell phone/phone number: 410 443 8155
 Date(s) you will be operating this temporary facility: Sept. 19, 2020
 Time(s) you will be operating this temporary facility (include set up time): 10AM - 5pm
 Event Name: 6th Annual Recovery Works Event
 Event Location: 524 Race St. Cambridge MD 21613
 Event Date(s): Sept. 19, 2020
 Event Time(s): 12pm - 4pm
 Event Coordinator (if applicable): _____
 Event Coordinator Phone (if applicable): _____
 Estimated Attendance: 50+
 I would like my permit: Mailed Emailed Will pick up at office
 Provide email mailing address/contact number: jamie.schultz@maryland.gov

This Application is hereby made to operate a temporary food service facility in accordance with COMAR 10.15.03 Regulations Governing Food Service Facilities.
I understand that failure to comply with COMAR 10.15.03 regulations governing food service facilities will result in the automatic suspension of the operation license, therefore all food operations must cease IMMEDIATELY.

Signature of Applicant: Jamie Schultz Date: 07/21/2020
 Printed Name of Applicant: Jamie Schultz

For Office Use Only	
Fee: \$10 \$20 \$50 Receipt Number:	Fee Received:
Application Received:	Permit Number:
Permit Approved:	Permit Disapproved:

Temporary Facility Requirements

<p>Event Location:</p> <p><input type="checkbox"/> Indoor Event</p> <p><input checked="" type="checkbox"/> Outdoor Event</p>	<p>Facility Type:</p> <p><input checked="" type="checkbox"/> Booth/Tent</p> <p><input type="checkbox"/> Permanent Building</p> <p><input type="checkbox"/> Mobile Food Truck</p> <p><input type="checkbox"/> Food Cart</p> <p><i>If your facility is licensed outside of Dorchester County please provide a current copy of your food service facility license from your local licensing agency.</i></p>
<p>Overhead Covering:</p> <p><input checked="" type="checkbox"/> Tent or similar</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Other _____</p>	<p>Toilet Facilities:</p> <p><input checked="" type="checkbox"/> Provided by event/location</p> <p><input checked="" type="checkbox"/> Provided by operator</p>
<p>On-Site Utensil Cleansing and Sanitizing:</p> <p><input type="checkbox"/> Three Basin Set-up</p> <p><input checked="" type="checkbox"/> Three Compartment sink with-in facility (indoor events only)</p> <p><input type="checkbox"/> Sanitizer to be used:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bleach <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Iodine <p>Must provide appropriate sanitizer test strips</p>	<p>Water Supply:</p> <p><input type="checkbox"/> Public Supply</p> <p><input checked="" type="checkbox"/> Private Well</p> <p>Wastewater Disposal:</p> <p><input checked="" type="checkbox"/> Public Sewer</p> <p><input type="checkbox"/> Septic System</p>
<p>Hand Wash Facilities:</p> <p><input checked="" type="checkbox"/> Gravity fed water with spigot and bucket</p> <p><input checked="" type="checkbox"/> Self-Contained Portable unit with potable water and holding tank</p> <p><input checked="" type="checkbox"/> Plumbed with hot and cold water under pressure</p> <p><input checked="" type="checkbox"/> All set ups must include: Soap, paper towels and trash receptacle.</p>	<p>Refuse Removal/Trash Cans:</p> <p><input type="checkbox"/> Provided by event (Number _____)</p> <p><input checked="" type="checkbox"/> Provided by operator (Number <u>4</u>)</p>
<p>Number of Thermometers Available:</p> <p style="text-align: center; font-size: 2em;">2</p>	<p>Electrical Supply (if required):</p> <p><input checked="" type="checkbox"/> Provided by event/location</p> <p><input type="checkbox"/> Provided by portable generator</p>

Menu Information

Failure to complete this section in its entirety may result in your permit being delayed or disapproved.

Name of Facility (if food is prepared off site): _____
 Facility Phone: _____
 Address of Facility: _____
 Facility Contact Person: _____

If your facility is licensed outside of Dorchester County please provide a current copy of your food service facility license from your local licensing agency.

List all potentially hazardous foods you plan on serving in the chart below. All food must be from an approved source and must be prepared at licensed facility, on-site at the event, or at another location that is approved by this department (ex-previously inspected church or fire department kitchens).

Foods prepared and/or stored in private homes may not be served.

Menu Item	Place of Preparation	Date of Preparation	Method of Cold Holding ²	Method of Cooking	Method of Hot Holding	Method of Cooling (if applicable)	Method of Reheating (if applicable)	Source of Food (Grocery, retailer, etc.)
Ex. Hamburger	At fairgrounds	Day of the event	Cooler with ice at a temperature below 41°F	On site, on grill to 155°F or above	Chaffing pans at a temperature of 135°F	n/a	n/a	Patties from Sysco
Hot Dogs	DRIP DOCK	Day of Event 9/19		on site grill + to 155	Electric Heat Warmer			Walmart
Bagged Chips								
SODA/Water Bottled								
Hot dogs will be cooked the individually wrapped in foil by staff wearing gloves. No condiments will be used or served @ event								

***Please be aware that in some cases mechanical refrigeration (such as a refrigerated truck) will be REQUIRED by this department.**

If additional space is required please continue on a separate sheet

Guidelines for Temporary Events in Dorchester County

- 1.) **Food Sources:** No Food for a temporary event may be made or stored in a private home. All food (including ice and drinks) must be from an approved source, wholesome, and free from spoilage or other contamination.
- 2.) **Person-In-Charge:** Designate a responsible adult to be in charge during each shift. It is this person's responsibility to monitor food and equipment temperatures, food preparation and storage, personal hygiene and food handling practices.
- 3.) **Personnel:** Must be healthy and wear appropriate clothing and minimal jewelry, have hair restrained. They must not eat, drink, chew gum or tobacco, or smoke in the food preparation area. Exclude anyone with diarrhea, vomiting, coughing or sneezing from food handling.
- 4.) **Food Protection:** Overhead protection must be provided for food preparation, food service, and utensil cleaning areas. Open pit style grills must have attached covers or other appropriate cover.
- 5.) **Equipment:** Must be of acceptable design, in good condition, and easily cleanable. Should be sanitized before use.
- 6.) **Probe Thermometer:** A probe thermometer must be provided to monitor internal temperatures of food. Thermometer must be graduated in 2 degree increments and read from 0°F to 220°F and be cleaned and sanitized prior to use.
- 7.) **Cold Holding:** All food must be solidly frozen or held at 41°F or below. Pasteurized crab meat must be held at 38°F.
- 8.) **Hot Holding:** All foods must be hot held at 135°F or above.
- 9.) **Cook Temperatures:**

Seafood, Pork, Beef, Shell Eggs	145°F for 15 seconds
Comminuted Meat (ground beef, ground pork, fish cakes)	155°F for 15 seconds
Poultry, Stuffing, Stuffed Meat	165°F for 15 seconds
Ready to Eat Commercially Prepared Food For Hot Holding	135°F for 15 seconds
Egg Dishes (casseroles)	155°F for 15 seconds
Fresh Vegetables	145°F for 15 seconds
All other Foods	145°F for 15 seconds

9.) **Food Handling:** NO BARE HAND CONTACT with ready to eat foods. Use a separate utensil for each food item. Gloves are not required but if used good glove hygiene should be applied. Hands must be washed before and after glove changes. Gloves should be changed between tasks or a minimum of every two hours of use.

10.) **Utensil and Equipment Cleanliness:** All food contact surfaces and equipment must be sanitized prior to use and every 4 hours during operation. This is achieved through the use of the on-site 3 compartment sink and appropriately placed sanitizing buckets. Chlorine sanitizer must be between 50 and 100 ppm to properly sanitize the equipment. (1 TBSP chlorine to 1 gallon of water). This should be set up prior to any food preparation. The three compartment sink should be of adequate size to clean your utensils and equipment.

11.) **Handwashing:** A handwashing set up with warm water, soap, and paper towels is **required**. This is to be set up prior to any food preparation. Hand sanitizer may be used in conjunction with handwashing but is not to replace a handwashing set up.

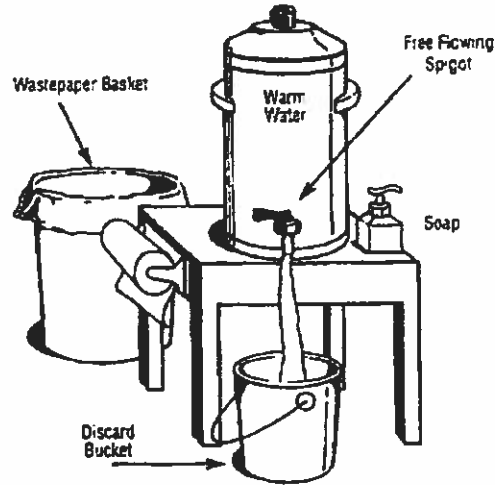
12.) **Waste:** Covered garbage cans must be provided and conveniently located. All trash should be disposed of properly. Waste water from operations may not be thrown on ground or poured into storm sewers. Grease must be properly disposed of and not thrown on ground.

13.) **Toilet Facilities:** must be provided, properly supplied, and kept in sanitary condition.

17.) **Consumer Advisory:** If serving raw shellfish or other undercooked items a consumer advisory must be provided to the consumer in the form of a sign, menu notification, or table placard.

HANDWASHING

At least one convenient handwashing facility must be available for handwashing on site **at all times**. This facility must consist of, at least, a container with warm potable running water (via spigot if sinks won't be utilized), a catch bucket for wastewater, soap, individual single-use paper towels, and a trash container for disposal of paper towels. Employees must wash their hands at all necessary times during food preparation and service:

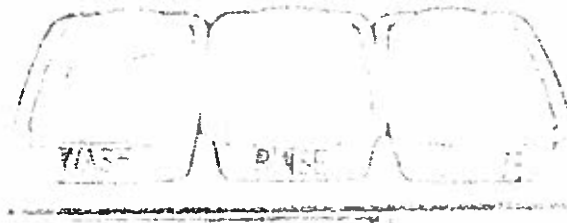


- Prior to starting food handling activities
- After using the restroom
- After sneezing, coughing, blowing your nose, eating, drinking, smoking, or touching a part of the body
- After touching an open sore, boil, or cut
- After handling money or other soiled items
- After taking out the trash or following any activity during which hands may have become contaminated.

DISHWASHING

Facilities must be provided to wash, rinse, and sanitize multi-use utensils, dishware and equipment used for food preparation at the site. Proper chemical sanitizer and the appropriate chemical test kit must be provided **and used** at each site. All dishes and utensils must be air-dried. Use of disposable pans is recommended.

PROPER SET-UP



PROPER SANITIZER CONCENTRATIONS

Chlorine
50-100 ppm*

Quaternary Ammonia
200 ppm*

Iodine
12.5-25 ppm*

* Or as otherwise indicated by the Code of Federal Regulations (CFR) or by the manufacturer of the product.