



APPLICATION FOR A SPECIAL EVENT LICENSE

Date of Application: 8/24/16

Event Title or Type: NATIONAL RECOVERY MONTH RECOVERY WORKS

Location of Event: ORI-DOCK RECOVERY AND WELLNESS CTR.

Date(s) of Event: SEPT. 29, 2016

Hours of Event: 1 PM - 7 PM

Organization/Corp. Name: DORCHESTER CO. HEALTH DEPT.

Signature of Holder of Event: Donald Hall

Printed Name: Donald Hall Title: Program Director

Address of Holder of Event: 524 Rowe St 1st Flr. Cambridge, MD 21613

Business Telephone: 410-228-7714 Residence Telephone: NA

Is Organization Non-Profit? Yes No Is there a charge for admission? Yes No No

Is event to on City, State, or Private Property? Private Name of Property Owner: J.B. TIEDER

Will Trash Barrels & Pick-up be provided: Yes No If outdoors, will toilet facilities be provided? Yes No No

Is water available at event? Yes No

If yes, list source of water (i.e. fire hydrant, Great Marsh, Sailwinds, etc.): OUTSIDE HOSE BID

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

Expected Attendance: 100' Venue Seating Capacity: N/A

Is parking available: Yes No For how many vehicles? EST. 30

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

List types of musical instruments: PA SYSTEM DJ SETUP

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: 

RT. 50

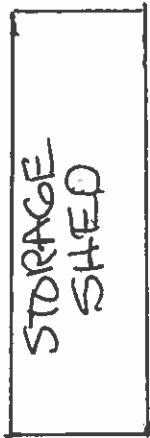
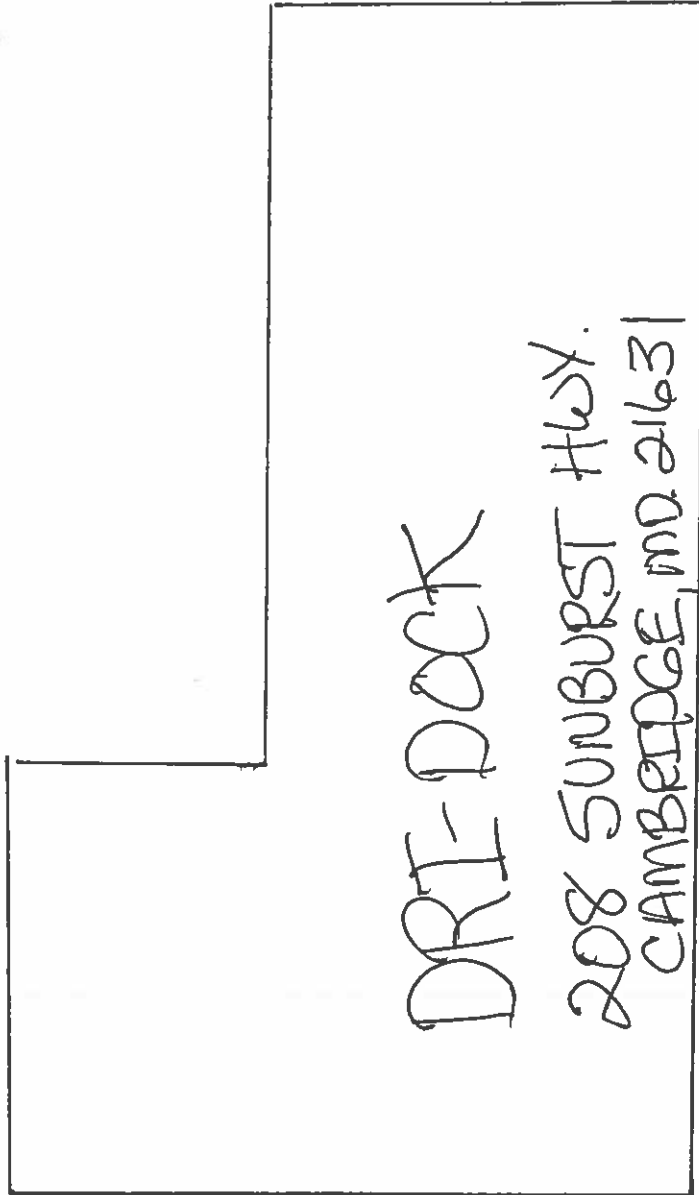
ENTRANCE

ENTRANCE

RT. 50

STORAGE
ACCESS

PROPERTY LINE



PROPERTY LINE

PROPERTY LINE

PROPERTY LINE

PROPERTY LINE

PROPERTY LINE



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: Dorchester County Health Dept.
Mailing Address: 534 Raw St. 1st Flr. Cambridge, MD 21613
Facility/Organization Operator: Donald Hall Contact Phone: 410-228-7714
Type of Organization (choose one): For Profit Non Profit (provide 501 (c)(3) designation)
On-Site Person-in-Charge: Donald Hall
On-Site Person-in-Charge cell phone/phone number: 410-228-7714 x106
Date(s) you will be operating this temporary facility: September 29, 2016
Time(s) you will be operating this temporary facility (include set up time): 11AM-8pm
Event Name: National Recovery Month Recovery Works
Event Location: 206 Sunburst Hwy. Cambridge, MD 21613
Event Date(s): September 29, 2016
Event Time(s): 1pm-7pm
Event Coordinator (if applicable): Donald Hall
Event Coordinator Phone (if applicable): 410-228-7714 x106
Estimated Attendance: 100
I would like my permit: Mailed emailed will pick up at office

Provide fax/email/mailing address/contact number:

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: Wendi R. Roef Date: 9/1/16

Printed Name of Applicant: Wendi R Roef

Table with 2 columns: Fee (No fee-DCAD, \$10, \$20, \$50) and Receipt Number (N/A). Rows include Application Received (9-1-16), Permit Approved (9-6-2016), Fee Received (N/A), Permit Number (54162), and Permit Disapproved.

Temporary Facility Requirements

Event Location: <input checked="" type="checkbox"/> Indoor Event <input checked="" type="checkbox"/> Outdoor Event	Facility Type: <input checked="" type="checkbox"/> Booth/Tent <input checked="" type="checkbox"/> Permanent Building <input type="checkbox"/> Mobile Food Truck <input type="checkbox"/> Food Cart <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>
Overhead Covering: <input checked="" type="checkbox"/> Tent or similar <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	Toilet Facilities: <input checked="" type="checkbox"/> Provided by event/location <input type="checkbox"/> Provided by operator
On-Site Utensil Cleansing and Sanitizing: <input type="checkbox"/> Three Basin Set-up <input checked="" type="checkbox"/> Three Compartment sink with-in facility (indoor events only) <input type="checkbox"/> Sanitizer to be used: <input type="checkbox"/> Bleach <input type="checkbox"/> Quaternary Ammonia <input type="checkbox"/> Iodine Must provide appropriate sanitizer test strips	Water Supply: <input checked="" type="checkbox"/> Public Supply <input type="checkbox"/> Private Well Wastewater Disposal: <input checked="" type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System
Hand Wash Facilities: <input type="checkbox"/> Gravity fed water with spigot and bucket <input type="checkbox"/> Self-Contained Portable unit with potable water and holding tank <input checked="" type="checkbox"/> Plumbed with hot and cold water under pressure All set ups must include: Soap, paper towels and trash receptacle.	Refuse Removal/Trash Cans: <input checked="" type="checkbox"/> Provided by event (Number _____) <input type="checkbox"/> Provided by operator (Number _____)
Number of Thermometers Available:	Electrical Supply (if required): <input checked="" type="checkbox"/> Provided by event/location <input type="checkbox"/> Provided by portable generator

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.

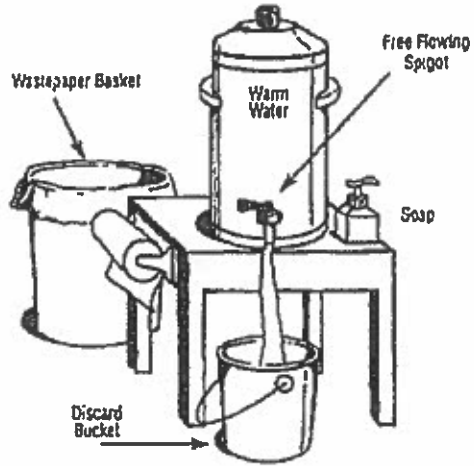
Menu Item	Place of Preparation	Date of Preparation	Method of Cold Holding*	Method of Cooking	Method of Hot Holding	Method of Cooling (if applicable)	Method of Reheating (if applicable)	Source of Food (Grocery, retailer, etc.)
Ex. Hamburger	At fairgrounds	Day of the event	Cooler with ice at a temperature 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
Hamburgers	At DRI Dock	Day of event	Cooler w/ ice temp 41°F	On site on grill to 155°	Chaffing pans at temp 155°	NA	NA	Alkan/Anchor Point
Hotdogs	At DRI Dock	Day of event	Cooler w/ ice temp 41°F	On site on grill to 155°	Chaffing pans at temp 155°	NA	NA	Alkan/Anchor Point

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

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:

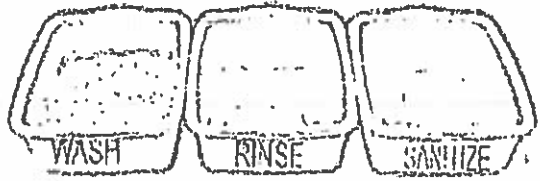
- Prior to starting food handling activities
- After using the restroom
- After sneezing, coughing, blowing your nose, eating, drinking, smoking, or touching a part of the body
- After touching an open sore, boil, or cut
- After handling money or other soiled items
- After taking out the trash or following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

POST IN CONSPICUOUS PLACE



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

TEMPORARY FOOD EVENT PERMIT
VALID FOR DATE OF ONE EVENT ONLY

Issued to: Donald Hall

Trading as: Dorchester County Health Department

Name of Event: National Recovery Month Recovery Works Location of event: 206 Sunburst Highway
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

Margaret A. Peters
Licensed Environmental Health Specialist

I.D. No. T5462

Date of Event Thursday, September 29, 2016

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