Division of Environmental Health



Prince George's County Health Department

Food Protection Program

Jack B Johnson County Executive Largo Government Center 9201 Basil Court Largo MD 20770

Checklist for Class II -- Special Food Service Facilities Single Day Events

This checklist is to help provide vendors with a basic understanding of the requirements for licensing a Class II facility for a single day event.

Facility Requirements

 A hand washing station with warm water, soap, paper towels and wastewater collection is proving Acceptable set-up: warm water from a dispenser such as a coffee urn and a catch basin. A dequate toilet facilities are provided and located within reasonable distance. A three-basin set-up to wash, rinse and sanitize food contact utensils; detergent and an approved sanitizer (bleach), or if a licensed permanent food facility is available at the end of each day to utensils, or provide extra sets of utensils on-site. Provisions are in place to keep potentially hazardous foods at safe temperatures: 45°F or lower a 140°F or higher. A metal stem thermometer (graduated in 2°F intervals with a range of at least 0°F to 165°F) is provided for checking food temperatures. Adequate trash containers are provided for employees and customers. Water from an approved source is provided. Provisions are in place for the collection and proper disposal of wastewater. Wastewater may not thrown out or otherwise discarded onto the ground, into storm sewers, etc Food Protection Requirements All food, including ice, is obtained from approved sources. Home preparation and/or storage of is NOT allowed. Only approved materials are used to cover foods while in storage or on display. Cloth towels are NOT approved for this use. The ice used in drinks is protected and is NOT to be used to keep other foods cold. Handled see are used to dispense ice. If food is stored on ice, the wastewater freely drains into a waste receptacle, not onto the ground Raw beef, lamb, pork, fish, and poultry are not stored directly on ice. Raw foods such as these nare stored using mechanical refligeration or dry ice. (In a situation involving small amounts of remeats, which are to be cooked for immediate service, the Health Department may allow meats to 	Ц	food storage and preparation areas. Screening is not required unless the area has a problem with
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EHFP 003c (3/03)

TEMPORARY EVENT SPECIAL FOOD SERVICE FACILITY (Class II) PERMIT APPLICATION

PLEASE READ CAREFULLY

Prince George's County Health Department Environmental Health

Largo Government Center | 9201 Basil Court, Suite 318 Largo, Maryland 20774-5310 Office 301-883-7690 | Fax 301-883-7601 TDD for the hearing impaired 301-883-5025

	 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." 					
INSTRUCTIONS	 Check type of operation: ■ Multiple Day Temporary Day Event \$75.00 ■ Single Day Temporary Event \$75.00 ■ Single Day Temporary Event \$25.00 (If application is received 14 or more calendar days before the event) ■ 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 permit application must be received at least (2) days prior to the event to guarantee inspection. OPERATING WITHOUT A HEALTH DEPARTMENT PERMIT IS SUBJECT TO A \$300.00 FINE. 					
	Trading Name or Organization			Applicant	Phone Number	
APPLICANT INFORMATION	Name of Applicant	***************************************		Applicant	Cell Phone Number	
	Applicant Mailing Address Num	nber	Street			
APF	City Sta	ate	Zip Code			
	Foods Being Served by Applicant					
7	Name of Event				Event Date	
NT ATION	Event Address / Location Numb	ber	Street		Setup Time	
EVENT INFORMATION	City		State		Zip Code	
	Event Coordinator/Contact Persor	n	Daytime Phone N	No.	E-mail Address	
PLEASE SIGN	but not limited to, the Sta I understand that falsifica of the permit.	facility, I agree to comp ate of Maryland and Pri	oly with all applic nce George's Co may result in the	eable laws unty. e denial, s	s and regulations including, suspension or revocation	
	Applicant Signature		Printed Name o	т Applicar	DT .	

Do Not Write Below This Line

FFICE	Date of Approval	Receipt Number	Amount Received	Date Received	Facility Number
FOR OF! USE OA	Approved By	Permit Number	Date Permit Issued	Expiration Date	