



**CELEBRATING BLACK CULTURE DAY
AUGUST 18, 2018
VENDOR EVENT APPLICATION FORM**

Thanks for your interest in the 2018 Groove City Culture Day Fest.

The space for each vendor is 10" x 10". You must provide your own tables and tent and they must fit within the allotted space requirements. Electrical hook-up is not available. **Spaces are sold on a first come first served basis.**

Contact Person Name: _____

Company / Organization: _____

Mailing Address: _____

Phone: _____ **DAY OF EVENT Cell:** _____

Email: _____

Description of product: _____

Please indicate what type of vendor you are:

- Food Vendor \$100
- Merchandise / Small Food Concession (ice cream, popcorn, etc.) Vendor \$50
- Informational / Non-profit Vendor \$0

PAYMENT:

TOTAL \$ _____

- I will drop off or mail cash to: **Downtown Cambridge, 437 Race Street, Cambridge, MD 21613**
- I will drop off or mail check to: **Downtown Cambridge, 437 Race Street, Cambridge, MD 21613**
(Make Checks payable to "**Cambridge Main Street**")

VENDOR REQUIREMENTS:

- Must be present/arrive to set up between 11:45am – 12:15pm, no later (street closes at 12pm)
- Breakdown must be completed 7:45pm. (The street will reopen at 8:00pm)
- Be prepared to cart your materials from a designated parking area for vendors to your designated festival location.
- Be prepared to bring battery power lighting, and any needed tent, tables, chairs. We highly recommend a tent for sunshade.

For confirmation / questions / comments / compliments, please contact Vendor Coordinator:

Christopher Pinder | culturefest@downtowncambridge.org

Or alternatively feel free to contact Katie Clendaniel, Executive Director, Downtown Cambridge at katie@downtowncambridge.org or 443-205-5364.



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: _____

Mailing Address: _____

Facility/Organization Operator: _____ Contact Phone: _____

Type of Organization (choose one): ___ For Profit ___ Non Profit (provide 501 (c)(3) designation)

On-Site Person-in-Charge: _____

On-Site Person-in-Charge cell phone/phone number: _____

Date(s) you will be operating this temporary facility: _____

Time(s) you will be operating this temporary facility (include set up time): _____

Event Name: _____

Event Location: _____

Event Date(s): _____

Event Time(s): _____

Event Coordinator (if applicable): _____

Event Coordinator Phone (if applicable): _____

Estimated Attendance: _____

I would like my permit: _____ Mailed _____ Emailed _____ Will pick up at office

Provide 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: _____ Date: _____

Printed Name of Applicant: _____

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> <ul style="list-style-type: none"> <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event 	<p>Facility Type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Booth/Tent <input type="checkbox"/> Permanent Building <input type="checkbox"/> Mobile Food Truck <input type="checkbox"/> Food Cart <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> <ul style="list-style-type: none"> <input type="checkbox"/> Tent or similar <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ 	<p>Toilet Facilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provided by event/location <input type="checkbox"/> Provided by operator
<p>On-Site Utensil Cleansing and Sanitizing:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Three Basin Set-up <input type="checkbox"/> Three Compartment sink with-in facility (indoor events only) <input type="checkbox"/> Sanitizer to be used: <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> <ul style="list-style-type: none"> <input type="checkbox"/> Public Supply <input type="checkbox"/> Private Well <p>Wastewater Disposal:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic System
<p>Hand Wash Facilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gravity fed water with spigot and bucket <input type="checkbox"/> Self-Contained Portable unit with potable water and holding tank <input type="checkbox"/> Plumbed with hot and cold water under pressure <p>All set ups must include: Soap, paper towels and trash receptacle.</p>	<p>Refuse Removal/Trash Cans:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provided by event (Number _____) <input type="checkbox"/> Provided by operator (Number _____)
<p>Number of Thermometers Available:</p>	<p>Electrical Supply (if required):</p> <ul style="list-style-type: none"> <input 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

****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.

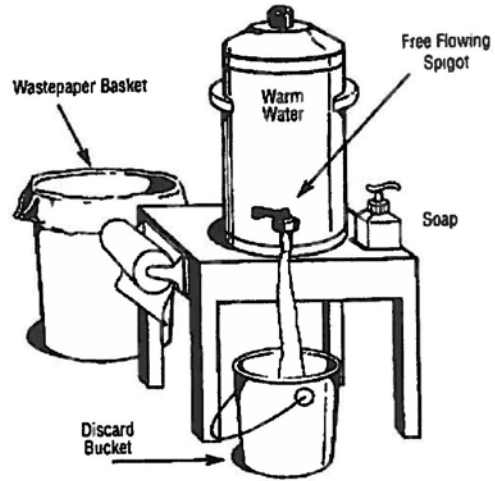
Grease must be properly disposed of and not thrown on ground.

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

14.) **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:

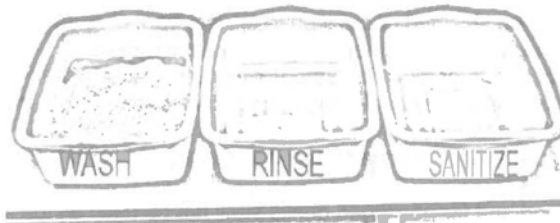


- Prior to starting food handling activities
- After using the restroom
- After sneezing, coughing, blowing your nose, eating, drinking, smoking, or touching a part of the body
- After touching an open sore, boil, or cut
- After handling money or other soiled items
- After taking out the trash or following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