



**BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL INSPECTION SERVICES**
1001 E. Fayette Street
Baltimore, Maryland 21202
410-396-4425



**SPECIAL EVENT PERMIT APPLICATION
PUBLIC EVENTS COVERING 14 DAYS OR LESS**

NAME OF APPLICANT:

APPLICANT ADDRESS:

TELEPHONE:

E-MAIL:

ORGANIZATION OR COMPANY NAME:

Type of Event: Festival Parade Fair Trade Show Block Party Carnival

Other: _____

EVENT NAME:

EVENT SPONSOR NAME:

PHONE:

EVENT SPONSOR'S EMAIL ADDRESS:

EVENT LOCATION:

ADDRESS:

ZIP:

CONTACT PERSON AT EVENT:

TELEPHONE/CELL:

EVENT START DATE:

EVENT END DATE:

EVENT START TIME:

EVENT END TIME:

FROM: ____/____/20__

FROM: ____/____/20__

FROM: ____AM/PM

TO: ____AM/PM

Have you provided the following documents with this application:

(Circle)

A participation form for *each* vendor who will be participating in your event.

Y

N

SIGNATURE:

DATE

SPECIAL EVENT VENDOR PARTICIPATION FORM

Please Print

This form must be collected from all vendors even if a Temporary Food Service Facility License is not required.

I AM REQUIRED TO OBTAIN A TEMPORARY FOOD SERVICE FACILITY LICENSE.

I AM NOT REQUIRED TO OBTAIN A TEMPORARY FOOD SERVICE FACILITY LICENSE BECAUSE:

I HAVE A VALID MARYLAND CATERER'S LICENSE AND THE MAJOR FOOD PREPARATION FOR THIS EVENT WILL BE COMPLETED IN MY LICENSED FOOD SERVICE FACILITY (provide State License information below)

LICENSE NUMBER: _____ EXPIRATION DATE: ____/____/____

I SELL ONLY RAW AGRICULTURAL PRODUCTS DIRECTLY FROM THE FARM ON WHICH THEY WERE PRODUCED

I SELL ONLY VALUE-ADDED PRODUCTS THAT DO NOT REQUIRE A MARYLAND PRODUCER MOBILE FARMER'S MARKET LICENSE

I HAVE A VALID MARYLAND PRODUCER MOBILE FARMER'S MARKET LICENSE (provide State License information below)

LICENSE NUMBER: _____ EXPIRATION DATE: ____/____/____

VENDOR NAME:

EVENT LOCATION:

BALTIMORE, MD 212 ____ ____

VENDOR LICENSED FACILITY ADDRESS (if applicable):

STREET

CITY/STATE

ZIP

VENDOR E-MAIL ADDRESS:

VENDOR TELEPHONE:

STALL NAME (complete only if name is different than your vendor name):

TYPE OF VENDOR (i.e., fruit/vegetable; dairy; herbs, etc.):

I WILL PARTICIPATE IN THE EVENT FROM: ____/____/____ TO: ____/____/____

ON THE FOLLOWING DAYS (circle all that apply) S M T W TH F S

I CERTIFY THAT I WILL PREPARE, SELL OR OTHERWISE OFFER ONLY PRODUCTS FROM APPROVED SOURCES AND THAT ALL INFORMATION IN THIS APPLICATION AND ITS ATTACHMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

VENDOR NAME (please print)

VENDOR SIGNATURE

DATE

SPECIAL EVENT PERMIT APPLICATION

PUBLIC EVENTS COVERING 14 DAYS OR LESS

INSTRUCTIONS

If you are hosting a public event such as a fundraiser, carnival, bazaar, meeting or other event and you plan to provide food or invite vendors to provide food, you will need to apply for a Baltimore City Health Department Special Event Permit. **THERE IS NO FEE FOR THIS PERMIT.**

In addition, you or your organization (if you intend to directly prepare, serve or give away food) and your invited vendors will need to apply for a Temporary Food Service Facility License unless:

- You are a caterer and hold a valid Maryland caterer's license and you intend to complete the major food preparation for the event at your licensed food service facility.

All others, including restaurants without a Maryland caterer's license, must apply for a Temporary Food Service Facility License to participate in the event. The fee for a Temporary Food Service Facility License is \$50.00 per vendor. Use BCHD Form T-78.

All vendors participating in your event must display either a copy of a valid Maryland caterer's license or the Temporary Food Service Facility License at their booth or stand.

To apply, please complete the attached application at least 20 days prior to the scheduled activity.

Return the completed application along with payment to:

Baltimore City Health Department
Bureau of Environmental Health
1001 E. Fayette Street
Baltimore, Maryland 21202

or fax to: (410) 396-5986.

Please contact the Baltimore City Health Department at (410) 396-4427 if you have any questions regarding this Temporary Exemption application.

***DO YOU INTEND TO PROVIDE ENTERTAINMENT AT YOUR EVENT?
DO YOU THINK YOU MAY EXCEED PERMISSABLE SOUND LEVELS?
IF SO, YOU MAY WISH TO APPLY TO FOR
A TEMPORARY EXEMPTION FROM NOISE RESTRICTIONS!***

THERE IS NO FEE FOR THE EXEMPTION, HOWEVER GRANTING AN EXEMPTION REQUEST IS WITHIN THE DISCRETION OF THE BALTIMORE CITY COMMISSIONER OF HEALTH. USE BCHD FORM 9-303 TO APPLY.