



FOOD VENDOR REGISTRATION

All submissions become the property of the **Fair Weather Farm at Fairhill** (Please Type or Print)

Business Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Person Responsible: Mr. / Mrs. / Ms _____
 Business Phone (____) _____ E-mail _____
 Home (____) _____ Cell (____) _____

List or attach your MENU of Food your services will provide / sell on the back of this form. – Thank You!

Site used for food and/or non-alcoholic beverage products \$80 non-refundable fee / donation*
Must have a MD Food Service License in order to sell food. Attached are the Cecil Co Health Dept Forms to apply for a license with the county.

Acknowledge:

- ✓ Fair Weather Farm at Fairhill (aka: FWFF) is not responsible for any loss or damage. Food Vendor assumes all risks with respect to activities (at the event) and shall hold Fair Weather Farm at Fairhill and its representatives harmless from any damages, injury, loss or liability of any kind arising out of the event. I also understand that Fair Weather Farm at Fairhill does not hold accident or health insurance for my participation (at the farm / during event).
- ✓ The Food Vendor is responsible for any licenses, permit and insurance coverage needed for the operation. Vendors are also responsible for collecting & submitting the 6% Maryland State Sales Tax. *Valid food license needs to be visibly displayed to public during event.*
- ✓ The Food Vendor understands that Fair Weather Farm at Fairhill is not responsible for “weather related – natural events” that might disrupt, delay or cancel the 4/18/2020 event. Should “weather related – natural events” cause a cancellation of 4/18/2020 event, for the safety of the public, vendors and the farm itself, I am aware there is no default / backup date scheduled.
- ✓ I acknowledge I am responsible for a clean / safe workspace and the outside perimeter of my food area. I am responsible for bagging ANY trash in the immediate area, throughout the duration of the event, including during Set-up and Packing-up. Set up will begin at 8 AM and break down will not begin until after 3 PM. I will be responsible for bringing all my own supplies / equipment.

FWFF is a sustainable, organic farm and we ask that you use compostable and recyclable materials (paper & other fiber-based products, compostable plastics & recyclable beverage containers) – Let’s all make an effort to save the planet.

The “donation” to participate at FWFF’s event benefit’s “Watkins Farm for Our Future” a 501(c)3 non-profit that contributes to educational programs on agricultural sustainability for children and adults. **“Donation”, Registration Form & copy of Valid Food License DUE by April 4th 2020.**
(A LATE FEE of an additional \$10 Dollars to be added to fee IF registration is AFTER 4/4) ~ Thank You!

 (Print Name)

 (Signature)

 (Date)

RETURN TO: Fair Weather Farm at Fairhill 5821 Telegraph Road Elkton, MD 21921 Attn: N.Bentley
Checks Made Payable To: *Watkins Farm for Our Future*

For Food Vendors:

What is a temporary food service facility?

Special temporary food service facilities operate at a fixed location for a period of time not exceeding 14 consecutive days in conjunction with a single event, such as a fair, carnival, festivals, public exhibition, community projects, recreational facilities and similar public gatherings. Additionally, any advertisement in print, radio or online, will constitute the event as being “public.”

All Temporary Food Service Facilities are required to comply with the Code of Maryland Regulations 10.15.03, a copy of which can be obtained online.

Do I need a license?

If you are preparing or selling food, giving away samples or handing out free food, you must obtain a license from the Cecil County Health Department. Items that are exclusively of the commercially prepackaged and non-potentially hazardous variety do not need a permit (sodas, store-bought or wrapped candy, etc.).

You are required to obtain a food license for potentially hazardous and perishable foods containing milk or dairy, meat, poultry, shellfish or seafood, fish, sliced fruit and vegetables, and any food items that require further processing or handling at the event.

Your Food Permit must always be conspicuously displayed within the food service food stand.

How do I obtain a license?

- A “*Special Food Service Facility*” means a Food Service Facility for which the department provides exception to certain regulations because of the nature of the design and operation of the facility, food preparation, service methods or limited length of time that the facility operates in association with special events.

A “*Temporary Food Service Facility*” means a Food Service Facility which operates during a period of time not more than fourteen (14) consecutive days at a fixed location in conjunction with a fair, carnival, public exhibition, construction project, recreational facility, or similar gathering. At least 15 days prior to the event, the food vendor must submit a completed application AND Worker’s Compensation Form to the Cecil County Health Dept with the \$80.00 fee. Non-profit groups must provide proof of tax-exempt status with EIN number.

- Section 1-202 of the Health-General Article of the Annotated Code of Maryland requires that prior to issuance of any license or permit by the Cecil County Health Dept, the applicant must provide either a worker's compensation insurance policy or binder number, or a Certificate of Compliance from the State of Maryland Workers' Compensation Commission.

A Certificate of Compliance is required for a business owner with no employees. Certain other legal entities with no employees other than corporate officers or members may also apply for a Certificate of Compliance. Contact the Workers' Compensation Commission at 410-864-5297 or by e-mail at COC@wcc.state.md.us for information on how to obtain a Certificate of Compliance.

Can I prepare food at home and sell it at a special event?

Only non-potentially hazardous baked goods may be prepared in advance in an unlicensed residential kitchen. Preparation and storage of food in a home kitchen is not allowed, unless the food items adhere to the updated Cottage Food Laws (*see Cottage Food document posted online*).

All potentially hazardous foods prepared in advance of the event must be done at a licensed food facility, or your permit application will be denied and/or confiscated. All food products must be stored at a licensed location if purchased/picked-up in advance.

Cecil County Health Dept Forms BELOW to complete & return to the county in order to APPLY for a license





CECIL COUNTY HEALTH DEPARTMENT

STEPHANIE GARRITY M.S., HEALTH OFFICER

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

WWW.CECILCOUNTYHEALTH.ORG

Please remit fee of **\$80.00** with your Application and Worker's Compensation Form.

TEMPORARY SPECIAL FOOD SERVICE APPLICATION

A "Special Food Service Facility" means a Food Service Facility for which the department provides exception to certain regulations because of the nature of the design and operation of the facility, food preparation, service methods or limited length of time that the facility operates in association with special events.

A "Temporary Food Service Facility" means a Food Service Facility which operates during a period of time not more than fourteen (14) consecutive days at a fixed location in conjunction with a fair, carnival, public exhibition, construction project, recreational facility, or similar gathering.

Paid: \$	_____
Rcvd:	_____
Receipt #:	_____
W/C:	_____

Facility Name: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

E-mail Address: _____

Owner of Business: _____ Phone Number: _____

Name of Special Event: _____

Event Location: _____ Town/City: _____

Dates of Operation: _____ Hours: _____

Items to be sold: _____

How will the food be transported to the event? _____

Supplier of Food (Commercial Distributor, Grocery, Restaurant, or Caterer): _____

Will food service be enclosed? Yes No Other: _____

Source of water supply: _____ Method of sewage disposal: _____

Contact Person: _____ Phone number: _____

Application is hereby made to operate a Special Food Service Facility in accordance with COMAR 10.15.03 Governing Food Service Facilities Health General, Section 21-306.

Signature of Applicant: _____ Agent Owner Date: _____

DO NOT FILL IN BELOW THIS LINE – FOR OFFICE USE ONLY

License Number: 007- _____ Existing FSF up to 4 days per week One 14 day per year

Date(s) of operation: _____ Priority: High Medium Low

Application Approved By: _____ Date: _____

ID #: _____ Rev. 10/15/2018

Healthy People. Healthy Community. Healthy Future.

ADMINISTRATIVE SERVICES.....	410-996-5550	ENVIRONMENTAL HEALTH SERVICES.....	410-996-5160
ALCOHOL AND DRUG RECOVERY CENTER.....	410-996-5106	HEALTH PROMOTION.....	410-996-5168
EMERGENCY PREPAREDNESS.....	410-996-5113	MENTAL HEALTH AND SPECIAL POPULATIONS SERVICES.....	410-996-5112
COMMUNITY HEALTH SERVICES.....	410-996-5130	TTY USERS FOR DISABLED: MARYLAND RELAY.....	800-201-7165
DISEASE CONTROL.....	410-996-5100	EN ESPAÑOL.....	410-996-5550 EXT 4680

CECIL COUNTY HEALTH DEPARTMENT TOLL FREE.....877-334-9985



CECIL COUNTY HEALTH DEPARTMENT

JOHN M. BYERS HEALTH CENTER • 401 BOW STREET • ELKTON, MD 21921

WWW.CECILCOUNTYHEALTH.ORG

Cecil County Health Department Statement of Compliance with the Workers' Compensation Act

Section 1-202 of the Health-General Article of the Annotated Code of Maryland requires that prior to issuance of any license or permit by this office, the applicant must provide either a worker's compensation insurance policy or binder number, or a Certificate of Compliance from the State of Maryland Workers' Compensation Commission.

A Certificate of Compliance is required for a business owner with no employees. Certain other legal entities with no employees other than corporate officers or members may also apply for a Certificate of Compliance. Contact the Workers' Compensation Commission at 410-864-5297 or by e-mail at COC@wcc.state.md.us for information on how to obtain a Certificate of Compliance.

Certification:

I certify that I have the following workers' compensation policy:

Insurance Company: _____

Policy or Binder number: _____

I have enclosed a copy of my Certificate of Compliance from the Maryland Workers' Compensation Commission.

I certify under penalty of law that the information submitted in this document is true, accurate and complete.

Signature

Date

Title

Type of License

Company Name

Mailing Address

Location of business (if different than mailing address)