



KENT COUNTY HEALTH DEPARTMENT



COUNTY OF KENT

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STATE OF MARYLAND

Excluded Organization Event Notification

Pursuant to Code of Maryland Regulations (COMAR) 10.15.03.26F,

(Name of Excluded Organization)

(Tax exempt #)

(Facility Address)

intends to hold a public event and is providing the Kent County Health Department with the following written notification as set forth in COMAR 10.15.03.26F(1).

Event Name/Date

Site of Event

Time of Event _____ **# of individuals to be served** _____

Menu or list of foods to be served

Source of all potentially hazardous foods to be served (if any)

Foods to be prepared more than 12 hours in advance (if any)

Name, address, phone # of responsible contact

If food is prepared off-premises:

Name of facility to be used

Procedures for transporting food to the premises
