

Iowa Department of Inspections and Appeals

Food and Consumer Safety Bureau

515-281-6538

APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

A temporary license is valid up to 14 days in conjunction with a single event

Penalties will be assessed if application is not submitted prior to the event

www.food.iowa.gov

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

FOOD ESTABLISHMENT INFORMATION	EVENT INFORMATION
Name of Owner and Business Name:	Event Name:
Mailing Address:	Location:
City/State/Zip Code:	Address:
Contact Information: phone () - cell phone () - email	City: County:
Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	Date(s) of Event: Anticipated Maximum Attendance at Peak Time: _____
Hours of Operation: Set-up/Preparation Time: Service Time:	Event Organizer's Name: cell phone () - email
On-site (Person-in-Charge) Contact: Name phone () - cell phone () - email	Event Location: <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary on-site (Person-in-Charge) Contact: Name Cell phone () -	Facility Type: <input type="checkbox"/> Booth <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

FOOD INFORMATION: LIST ALL FOOD/BEVERAGE PRODUCTS THAT WILL BE PREPARED, SOLD OR GIVEN AWAY.			
List menu item(s) (attach list if more space is needed)	Source of food (must provide invoice or receipt at the event)	All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	If prepared at another location indicate what preparation will occur**
Example: <i>Hamburgers</i>	<i>Smith's Market</i>	<input checked="" type="checkbox"/> Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

****For food items that will be prepared at another location, provide the following information:**

Food Establishment Name	Name of Permit Holder
Address and City	License #
Date and Time of preparation	Contact phone number

TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS

Booth Construction

Overhead Covering Canvas Wood Other: _____
 Floor Asphalt Concrete Wood Other: _____
 Walls Screens Concrete Wood Other: _____
 Booth supplied by: Food Stand Operator Event Organizer

Utensils and Equipment (check all that apply)

Single-serve eating and drinking utensils
Multi-use kitchen utensils
 Type of Utensil Washing Setup:
Three basin set-up
Shared three compartment sink
Three compartment sink within a food establishment
N/A
 Sanitizer to be used: Chlorine Quaternary Ammonia
Iodine Other _____
 Test strips provided Yes No

Handwashing Facilities

Provided by : Event Coordinator Food Stand Operator
 Type of handwashing facility: (must be located in all food preparation and handling areas)
Gravity-fed water with spigot/bucket
Self-contained portable unit
Plumbed with hot and cold water under pressure
N/A (only prepackaged foods are sold)
Hand Soap, single-use towels, and trash receptacle must be provided at all handwashing stations.
 Disposable gloves provided Yes No

Food Storage or Display Equipment

List all equipment used for food storage and display:
 Hot:
 Cold:
 Dry:
 Condiments:

Water Supply

Provided by : Event Coordinator Food Stand Operator
 Source of water Public _____ *Private well _____
 *If private, test results must be provided with the application or at the time of the inspection.
 Method of providing hot water: _____

Thermometers:

Refrigeration/Cold Storage
Cooking/hot food storage(indicate type): _____

Toilet Facilities for Food Employees

Provided by : Event Coordinator Food Stand Operator

Cooking Equipment

Identify all cooking equipment that will be used:

Electrical Supply:

Generator Power hook up Other _____
No Power Lighting available

Food Transportation

Identify how food will be transported to event:

Refuse Removal

Describe how refuse will be disposed of:

Food Employees/Volunteers

Certified Food Manager available Yes No
 Name: _____ Certificate available Yes No
 # of food employees/volunteers: ____
 Person responsible for maintaining log book _____

Liquid Waste Removal

Describe how liquid waste will be disposed of:
 Frequency of liquid waste removal: ____ times per day

A temporary food establishment license will not be issued unless this application meets all applicable requirements found in the Iowa Food Code as summarized in the Temporary Food Establishment Rules and the regulatory authority has approved the license. Non-compliance may result in closure of the temporary food establishment.

License Fee: \$33.50

Applicants Name (Print): _____ Applicants Signature: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

License Issued <input type="checkbox"/> Yes <input type="checkbox"/> No *See reason below	Check # _____ Amount due _____ Penalty due _____ Check Amount _____	Reviewer Signature/Title: _____/_____ Date: _____
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*Reason(s) for not issuing license:

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:

1. Location of cooking and holding equipment
2. Location of handwashing and utensil washing facilities
3. Location of trash disposal containers
4. Location of work tables, food and single-service storage
5. Location of condiments

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a temporary food establishment layout. The box is currently blank.