CG Public Health
Food Establishment License Application (including Mobile Units)

This is an application for obtaining a food establishment license from the Cerro Gordo County Department of Public Health. Iowa law prohibits a food establishment or food processing plant from opening or operating until a license has first been obtained from the appropriate regulatory authority. ***Completed applications and documents must be submitted at least 30 days prior to the anticipated opening date.***

The application must be fully completed and returned with all necessary documents and fees to the Cerro Gordo County Department of Public Health. **INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.**

Once applications and other required documents and fees are received and processed, the Department will review the documents and provide the applicant with the assigned inspector's contact information by letter once the application is processed. The applicant is responsible for contacting the inspector to schedule a pre-operational inspection. Plan submission is required for new construction and remodels; the Department will review the plans and communicate the results of the plan review to the applicant. Plan reviews generally take 3 to 4 weeks. It would be beneficial to submit the application prior to beginning construction, remodeling, or alteration of a facility. There is no fee for plan review. Please note, failure to provide all required information could delay plan approval. If you are remodeling a licensed facility already owned by you submit plans only with your license number and notify your inspector.

Remodel facilities with no change in ownership or location need only submit a floor plan and the list of equipment for the specific area(s) of the food establishment that are affected by the remodel submitted to the address below.

MAILING ADDRESS: **CG Public Health**
2570 4th St SW, Suite 1
Mason City, IA 50401 **Phone Number: (641)421-9300**

Application Checklist: Your application must include all of the following information:

- ☐ A fully completed Food Establishment License Application
- ☐ A copy of your intended menu
- ☐ Facility floor plan and equipment schedule (new construction or remodel)
- ☐ Water test (if using well water)
- ☐ Appropriate fee (check, money order, or cash)
- ☐ Copy of your or your staff member(s) current Certified Food Protection Manager Certificate(s) (if available, due within 6 months of opening)
- ☐ Procedures and plans where specified in the Iowa Food Code
    - o HACCP plans (if applicable) see Iowa Food Code section 8-201.13
    - o Procedures for clean-up of bodily fluids (all establishments) see Iowa Food Code Section 2-501.11
    - o Employee health reporting policy (all establishments)see 2-103.11

Date of Application: _____

Anticipated Date of Opening or Ownership Change: _____

PHYSICAL LOCATION INFORMATION

NAME OF FOOD ESTABLISHMENT: _____

ADDRESS OF FOOD ESTABLISHMENT:

Address and Suite # City State Zip Code

County

Email address – (we do not share this). ( ) Cell or Alternate Phone Number

( )_____ Business Phone Number ( )_____ Fax Number

MAILING ADDRESS (If Other Than Above): All licensing, renewals and regulatory correspondence will be sent to this address:

Name Address and Suite # City/State Zip Code

License Type: (please select one of the following)

☐ **Food Service Establishment** ("Food service sales" are taxable food or beverage sales **or** food or beverages sold for on premises consumption including alcoholic beverages, this may include up to $20,000 in retail sales)

☐ **Retail Food Establishment** ("Retail sales" are non-taxable food or food products and beverages to consumer customers intended for preparation or consumption off the premises.)

☐ **Both Food Service and Retail Food** (needed if establishment has "food service sales" and more than $20,000 per year in "retail sales").

☐ **Mobile Food Unit** – also select Food Service if you have a commissary at the same physical address. If you have a commissary at a different location an additional application is required for that location.

All applicants must select one of the following:

☐ New construction of a food establishment – plan review & Equipment Schedule required.

☐ A New food business in an physical structure not previously a food related business. Plan review & Equipment Schedule required.

☐ Moving an existing food business to a new location.
Current Location Address:_____
Plan review & Equipment Schedule are required only if remodeling the new location.
Current License # _____.

☐ A currently operating food business that will have new ownership with same menu type and food service style and the facility has been actively licensed and has been operational within the last 3 months.
Name of previous owner _____.

☐ Opening a food business that has been non-operational for more than 3 months. List name of previous owner (if known)_____.

☐ Opening a new food business in a food facility that has been operational within the last 3 months AND there will be a significant menu or food service style change. For example – change from a fast food style restaurant to a full service facility. List name of previous owner _____.

☐ Other, Describe_____.
(**If you are sharing a kitchen with another licensed business please note here.**

ESTABLISMENT SERVICE INFORMATION

TYPE OF SERVICE (Check all that apply)

Retail Service (perishable non-taxable food and ingredients sold for off premises consumption)

- ☐ Retail Grocery Store
- ☐ Retail Meat Department
- ☐ Retail Seafood Department
- ☐ Retail Produce Department
- ☐ Retail Deli Department
- ☐ Retail Bakery Department
- ☐ Retail Salvage Food
- ☐ Retail Convenience Store
- ☐ Retail Candy Store
- ☐ Variety Store
- ☐ Other Retail Store Specify_____

Food Service (taxable food sales of prepared food or beverages for consumption on the premises)

- ☐ Dine-in Food Service
- ☐ Take-out Food Service
- ☐ Buffet Service
- ☐ Salad Bar Service
- ☐ Alcoholic Beverage Service (no food preparation)
- ☐ Alcoholic Beverage Service (with food preparation)
- ☐ Catering
- ☐ Commissary (service or preparation location for company owned outlets including vending machines and mobile food units)
- ☐ Concession Stand
- ☐ Food Service Deli
- ☐ Convenience Store Food Service
- ☐ Continental Breakfast
- ☐ Other Food Service Specify_____

Mobile Food Unit

- ☐ Ice Cream (pre-packaged)
- ☐ BBQ Unit
- ☐ Push Cart
- ☐ Concessions Truck/Trailer
- ☐ Taco Truck
- ☐ Frozen Food (pre-packaged)
- ☐ Other Mobile Specify_____

Food Service in an Institutional setting

- ☐ Assisted Living (production and/or service site)
- ☐ Assisted Living (service site only)
- ☐ Elementary School (including K-5) (Production and/or service site)
- ☐ Elementary School (including K-5) (service site only)
- ☐ School (not including K-5) (production and/or service site)
- ☐ School (not including K-5) (service site only)
- ☐ Elderly Nutrition Program/Senior Center (production and/or service site)
- ☐ Elderly Nutrition Program/Senior Center (service site only)
- ☐ Hospitals (non-patient food service)
- ☐ Other Institutional Food Service Specify _____

MENU INFORMATION

Full Service Menu (numerous items) **** attach menu** Limited Menu (a few items) **** attach menu**

Do you plan on serving any animal food undercooked, raw, or cooked to order? YES NO
List:_____If yes, is a consumer advisory on your menu? YES NO

Do you have or have you applied for an alcoholic beverage license? ☐ YES ☐ NO ☐ N/A

PROJECTED CAPACITY

Number of seats = _____ (Include inside and outside seating as described in the instructions. Mark '0' if no seating provided)

Patrons served daily (projected) =_____

EMPLOYEE INFORMATION

Anticipated # of employees/volunteers, including owner =_____

Do you have one or more Certified Food Protection Manager(s) on Staff who has supervisory responsibility?
☐ YES ☐ NO ☐ Exempt (only prepackaged food and beverages)
If YES, **Please attach a copy of your National Certificate(s)**
If NO, Do you have a Person-In-Charge enrolled in Food Safety Training? ☐ YES ☐ NO
If YES, Name, Date, and Location of Course_____

Do you have procedures and plans where specified in the Iowa Food Code (for example, HACCP plan if required, Employee Health Reporting Policy, Standard Operating Procedures, Bodily Fluid Clean-up Procedures): ☐ Yes ☐ No ☐ N/A
If yes, attach copies
If no, please have any required plans and procedures available at the pre-opening inspection

FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE REQUIREMENTS

ALL "NEW FACILITIES" AS DESCRIBED IN THE FACILITY TYPE SECTION MUST ATTACH FACILITY PLANS AND SIGN BELOW.
All facilities must submit **ONE** copy of a facility floor plan/layout, EXCEPT for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY **WHERE NO CONSTRUCTION, REMODELING, OR CHANGES ARE GOING TO OCCUR**. This plan must include;

- the basic lay out of the facility,
- the location of all food service equipment,
- a listing of the equipment (including manufacturer's names and model numbers),
- water and sewer connection locations,
- restroom locations and fixtures,
- lighting schedules,
- surface or finish coat materials of floors, walls and ceilings, and
- A site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc.…).

Plans may be hand drawn, to approximate scale, and must be neat and legible. Plans will not be returned to you.

***The appropriate floor plan AND equipment list are attached to this application.**

Applicant Signature_____

WATER, SEWER, WASTE INFORMATION

WATER: The facility is using: (Check which one applies)

- ☐ A public or municipal water supply.
- ☐ A non-public / non-municipal / private water supply (example: well water). **A current water test must be provided.**
- ☐ Mobile Unit: Operators must always use water from a tested and approved source. Water source documentation must be maintained on the mobile food unit.

SEWER: The facility is using: (Check which one applies)

- A municipal/public sewage disposal system.
- A non-public sewage disposal system
- For Mobile Units: Appropriate sewage/waste holding tanks that will be disposed of at approved sanitary sewage disposal sites.

REFUSE (trash collection): (Check all that apply & complete fully)

The food facility refuse/trash collector is _____(company name)
List any other refuse/waste collection companies (ex: grease collection)_____
This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open and accessible)

Sunday	Time	Thursday	Time
Monday	Time	Friday	Time
Tuesday	Time	Saturday	Time
Wednesday	Time		

☐ **If Seasonal**: Indicate months of operation:
_____

☐ **If Mobile**: List events or locations at which you intend to set up/sell:

OWNERSHIP INFORMATION (Select the ownership type and complete the corresponding ownership box in the next section)

- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ CORPORATION
- ☐ NON-PROFIT ORGANIZATION
- ☐ LIMITED LIABILITIY CO. (LLC) OR PARTNERSHIP (LLP)
- ☐ SCHOOL (K-12)
- ☐ GOVERNMENT/MUNICIPALITY

Please complete only the section that applies to your type of ownership structure:

Sole Proprietor

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

Partnership

General Partner#1

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

General Partner#2

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

Please list additional Partners on a separate sheet of paper

Corporation

Corporation Name	Alternate or Cell Phone ( )
Address City: State: Zip:	Fax ( )
Phone ( )	Email
President/CEO	Official Title of Signatory
Name of Corporate Official	Signature of Corporate Official

Non-Profit Organization

Name of Non-Profit Organization	Alternate or Cell Phone ( )
Address City: State: Zip:	Fax ( )
Phone ( )	Email
Organization President	Official Title of Signatory
Name of Organization Official	Signature of Organization Official

Limited Liability Company (LLC)

Name of LLC	Email
Address City: State: Zip:	Name of President
Phone ( )	Official Title of Signatory
Alternate or Cell Phone ( )	Signature of Official
Fax ( )	

Limited Liability Partnership (LLP)

Member #1

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

Member #2

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

Please list Additional Partners on a separate sheet of paper.

Government/Municipality

Name of Agency	Email
Address City: State: Zip:	Agency Official's Name
Phone ( )	Agency Official's Title
Alternate or Cell Phone ( )	Agency Official's Signature
Fax ( )	

School (K-12)

Name of School District	Fax ( )
Address City: State: Zip:	Name of Superintendent
Phone ( )	Name of Signatory
Alternate or Cell Phone ( )	Title of Signatory
Email	Signature of Official

On-Site Contact (attach additional contacts if needed)

NAME _____ TITLE_____

BUSINESS ADDRESS:_____ CITY_____ STATE_____ ZIP_____

PHONE ( ) _____ CELL PHONE ( ) _____ E-MAIL ADDRESS _____

Emergency Contact

NAME _____ TITLE _____

BUSINESS ADDRESS:_____ CITY_____ STATE_____ ZIP_____

PHONE ( ) _____ CELL PHONE ( ) _____ E-MAIL ADDRESS _____

PLEASE CONTINUE TO THE LAST PAGE IF YOU ARE NOT APPLYING FOR A MOBILE LICENSE

PLEASE COMPLETE THE SECTION BELOW ONLY IF YOU ARE APPLYING FOR A MOBILE FOOD UNIT LICENSE:

Mobile Food Unit Applicants: Please verify that all information is accurate and sign where required, **you may copy this page and include it with this application form for each unit owned provided the Home Base address is the same for all units.**

Unit Identification: REQUIRED Complete all sections. Mark N/A if not applicable.

VIN Number or Serial Number_____
License Plate No. and State _____ Make_____ Model_____
Unit and/or Truck Number_____ Year_____ Size_____ Color_____

Home Base of Operation

List the address of the Home Base for the Mobile Food Unit (This is where the unit will be serviced or stored when not in operation)

_____
Street Number and Name City State Zip Code

_____
County

If the Home Base is a licensed food establishment, provide the license number. If not, state N/A: _____

All food storage and preparation must be done in the mobile unit or in your licensed food establishment/commissary.

Additional Requirements

If the unit is normally set up in the same location each day and does not have a plumbed restroom, an agreement with a neighboring business for use of a restroom must be obtained. (Please attach restroom agreement and enter address here)

_____

I understand mobile food units may only operate up to three days in one location unless they return to their home base of operation each day. Signature _____

I understand all food service operations must be conducted within the mobile food unit with the exception of grills and smokers.
Signature _____

Additional Permits

Check with City and County government agencies to if additional permits are required

Verification

A copy of the unit license and most recent inspection report must be posted on the unit in a conspicuous location.

I have read, and understand, the requirements in the Iowa Mobile Food Unit Operation Guide.

I verify all of the information contained in the application is accurate.

Signature _____
Printed name of Signatory _____

LICENSE FEES- **All applicants must select the appropriate license type and fee. Refer to page 3-4 of this application to ensure that license types match.**

***Pay from the appropriate Fee Schedule based on the following:** *A new establishment, as described on page 3 of this application, must pay the maximum fee indicated in the fee box that is applicable to the license(s) applied for. If this food establishment is a Change in Ownership as described on page 3 the fee level is set based on the gross annual sales of the previous owner, if the previous owner has operated the business within the last 3 months. Proof of the last 12 months of the previous owner's sales must accompany this application otherwise; the maximum fee must be paid.*

……

☐ **Food Service Establishment - Examples include restaurants, bars or taverns, take-out food, catering commissary, concession stands, etc.** License fees are based on annual gross sales of "Food service sales" which are taxable food or beverage sales **and/or** food or beverages sold for individual portion service intended for consumption on the premises, including alcoholic beverages, and may include up to $20,000 in retail sales. Select the appropriate fee:

- ☐ **$0.00**- Schools
- ☐ **$150**- Annual gross sales of $1 to $100,000
- ☐ **$300**- Annual gross sales of $100,001 to $500,000
- ☐ ***$400**- Annual gross sales of $500,001 +

OR:

☐ **Retail Food Establishment - Examples include grocery and convenience stores without prepared foods, bakeries without seating, etc.** License fees are based on annual gross sales of non-taxable food or food products and beverages to consumer customers intended for preparation or consumption off the premises. Select the appropriate fee:

- ☐ **$150**- Annual gross sales of $1 to $250,000
- ☐ **$300**- Annual gross sales of $250,001 to $750,000
- ☐ ***$400**- Annual gross sales of $750,001 +

OR:

☐ **Both Food Service and Retail Food** (needed if establishment has "food service sales" and more than $20,000 per year in "retail sales"). **Examples include- Grocery and Convenience stores that prepare food, Bakery with a sit down coffee shop, etc.**

To determine the amount owed, select your dominant form of business above (Food Service Establishment or Retail Food Establishment) and select the corresponding fee based on sales (if proof of sales is not provided this fee will be $400). Then add $150 for the secondary license.

- ☐ **$150** for the secondary form of business (ensure Food Service or Retail Food Establishment Fee box is checked above)

OR:

☐ **$250 Mobile Food Unit – Examples include Food trucks and Push Carts.** Must also select Food Service Establishment above if you have a commissary at the same physical address.
If you have a commissary at a different location an additional application is required for that location.

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Submit payment to: **CG Public Health**
2570 4th St SW, Suite 1
Mason City, IA 50401

Phone Number: (641)421-9300
Make Checks payable to Cerro Gordo County Dept of Public Health

FOR OFFICE USE ONLY

Check # _____
Check Date _____
Amount Received _____
Check Name _____
Penalty amount _____
Amount Due _____