CG Public Health

Unattended Food Establishment License Application

***Note: A new application is required for change in the business address or ownership.**

This is an application for obtaining Unattended 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 unattended food establishment shall be located in the interior of a building that is not accessible by the general public. Access to the unattended food establishment shall be limited to a defined population (e.g., employees or occupants of the building where the establishment is located).

The application must be fully completed and returned with all necessary documents and fees to the Cerro Gordo County Department of Public Health 30 days prior to opening. **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 unattended 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 Unattended Food Establishment License Application
- ☐ Facility floor plan and equipment schedule (new construction or remodel)
    - o Appropriate fee (check, money order, or cash)

Date of Application: _____ Anticipated Date of Opening or Ownership Change: _____

PHYSICAL LOCATION INFORMATION

NAME OF YOUR BUSINESS: _____

NAME OF BUSINESS OR BUILDING WHERE THE UNATTENDED FOOD ESTABLISHMENT WILL BE LOCATED

_____

ADDRESS OF UNATTENDED FOOD ESTABLISHMENT:

Address and Suite # City State Zip Code

County

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

( )_____ Your Business Phone Number ( )_____ Your Business Fax Number

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

Attention to Address and Suite # City/State Zip Code

All applicants must select <u>one</u> of the following:

☐ **New location that has NOT previously been license as an Unattended Food Establishment or a Vending Machine location. Facility floor plan and equipment schedule are required.**

☐ **New location that was previously a Vending Machine location. Facility floor plan and equipment schedule are required.**

<u>OR – Change of Ownership</u>

☐ A location that was previously licensed as an Unattended Food Establishment that will be under new ownership and the facility floor plan and Equipment will remain the same. List name of previous owner/vendor _____.

☐ A location that was previously licensed as an Unattended Food Establishment that will be under new ownership and either the facility floor plan or equipment will be different. Floor plan and equipment schedule are required. List name of previous owner/vendor _____

Facility Information	
Is this establishment located in an area of the building that has controlled entry to the establishment that is not accessible to the general public?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
Will the establishment provide only commercially packaged foods properly labeled for retail sale or whole uncut fruits, vegetables or nuts in a shell that require peeling or hulling before consumption?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
Will the establishment be equipped with refrigeration or freezer units that have self-closing doors that allow food to be viewed without opening the door to the refrigerated cooler or freezer?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
Will coolers and freezers be equipped with automatic self-locking mechanism that prevents the consumer from accessing the food in the event the equipment fails to maintain proper temperatures?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
Will the establishment provide continuous video surveillance that provides sufficient resolution to identify situations that may compromise food safety or food defense in areas where consumers view, select, handle and purchase products?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
Will the permit holder service the unattended food establishment at least weekly? Service may include, but is not limited to the following: • Checking food supplies and equipment for signs of product damage, tampering, or both. • Verifying refrigeration equipment is operating properly including the temperature display and self-locking mechanism. • Rotating foods to better ensure first in/first out of food items. • Cleaning food service equipment and food display areas. • Stocking food and disposable single-use and single-service supplies. • Checking inventory for recalled foods.	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
Will the permit holder ensure the food is maintained at safe temperatures during transport and display?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
Will the establishment have a signage visible at the automated payment station? Signage stating: The name and mailing address of the business entity responsible for the establishment and to whom complaints and comments should be addressed. • The telephone, email or web information for the responsible business entity, when applicable.	☐ Yes ☐ No If No, please explain If Yes, enter NA

Is there a written agreement between the establishment owner and the building owner that outlines the provisions of supportive facilities and services such as janitorial and restroom facilities, pest control and removal of solid waste. Include what actions will be taken by both parties to maintain the establishment in compliance with all requirements- including responding to imminent health hazards?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	
When requested by the regulatory authority for the purposes of conducting an inspection, will the permit holder provide an on-site person in charge within a reasonable time frame not to exceed four hours?	☐ Yes ☐ No
If No, please explain If Yes, enter NA	

Additional Information to submit with this application

***FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE** ALL "NEW FACILITIES" AS DESCRIBED IN THE FACILITY TYPE SECTION MUST ATTACH FACILITY PLANS AND SIGN 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),

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

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

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

General Partner#3

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	Signature of Corporate Official
Name of Corporate Official	Official Title of Signatory

Non-Profit Organization

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

Limited Liability Company (LLC)

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

Member #3

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

Please list additional Members on a separate sheet of paper

On-Site Contact (attach additional contacts if needed)

NAME _____TITLE_____

BUSINESS ADDRESS: _____ CITY_____ STATE_____ ZIP_____

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

On-Site Contact (attach additional contacts if needed)

NAME _____TITLE_____

BUSINESS ADDRESS: _____ CITY_____ STATE_____ ZIP_____

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

Emergency Contact (required)

NAME _____TITLE_____

BUSINESS ADDRESS: _____ CITY_____ STATE_____ ZIP_____

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

Verification

A copy of the license and most recent inspection report must be posted in the facility in a conspicuous location.
I verify all of the information contained in the application is accurate.

Signature _____

Printed name of Signatory _____

LICENSE FEE*

☐ $75 for Annual gross sales of less than $100,000

☐ $150 for Annual gross sales of greater than $100,000

*All applicants must select and pay the appropriate fee. A fee of $150 must be submitted unless one of the following is submitted showing the location's previous gross food and beverage sales history for the most recent 12 months

☐ Submitted industry accepted calculation of estimated gross food and beverage sales. This estimate must be itemized and justified and not an estimated gross sales figure.

☐ Submitted annual gross food and beverage sales from the previous owner, if a location ownership change.

☐ Submitted annual gross food and beverage sales from vending machines, if location was previously a vending machine location.

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 Iowa Department of Inspections & Appeals

FOR OFFICE USE ONLY BELOW THIS LINE

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