PUBLIC HEALTH

APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

Iowa law prohibits a food establishment (including a Temporary Food Establishment) from opening or operating until a license has first been obtained from the appropriate regulatory authority. Penalty Fees will be assessed for operating without the appropriate licensure. **A Temporary Food Establishment is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event. An "Event" is a significant occurrence or happening sponsored by a civic, business, governmental, community, or veterans organization and may include an athletic contest. For example, an event does not include a single store's grand opening or sale.**

Completed applications and documents must be submitted at least **3 days prior** to the Event.

Temporary food establishments that operate simultaneously at more than one stand at an event are required to have a separate license for each location. Once the application, other required documents and appropriate fees are received and processed, the Department will review the information to determine if a Temporary License may be issued.

TYPE or PRINT IN INK. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.
Permit will be sent to the e-mail address provided.

FOOD ESTABLISHMENT INFORMATION	EVENT INFORMATION
Name of Owner: **Business Name:**	**Event Name:**
Business Address: (City/State/Zip Code)	**Date(s) of Event** From: To:
Mailing Address(if different) (City/State/Zip Code)	**Location of Event:**
Contact Information: Phone:_____ Cell or Alternate #:_____ Email:_____	**Address of Event** (street number and city) ☐ Indoor Event ☐ Outdoor Event
	City of Event: _____ **County of Event:**_____ **Zip code:**_____
Hours of Operation: Set-up/Preparation Time: Service Time:	Anticipated Maximum Attendees at Peak Time:_____ * Event will occur regardless of the weather conditions: ☐ Yes ☐ No
On-site (Person-in-Charge) Contact (if different): Name: _____ Cell phone: _____ Email: _____	**Organization sponsoring the Event:** _____ Address: _____ ☐**Type of Organization:** ☐ For Profit ☐ Charitable – Not for Profit
Secondary on-site (Person-in-Charge) Contact: Name: _____ Cell phone: _____	**Organization's Contact Person:** _____ Phone Number: _____ Email: _____

**For food items that will be prepared at another location, prior to or during the event, provide the following information (this location must be owned by food stand owner):

Food Establishment Name:	Food Establishment Owner:
Address and City	License #:
Date and Time of preparation:	Contact phone number:
Facility Type: ☐ Licensed Food Establishment ☐ Licensed Mobile Food Unit ☐ Other	

Menu (disclosure of all food and beverage menu items is required)	
All menu items must be approved in advance of the event. If you have more than 5 menu items, use an additional paper to fill out the information below for each additional menu item.	
Total number of menu items:	
Menu Item 1	
Name of Menu Item 1 as listed on your menu (i.e. fruit salad, chicken quesadillas, lemonade, beer)	
Is this menu item a food you prepare from multiple ingredients or an item that you purchase ready-made?	☐ Purchased ☐ Prepared
Source of food including all ingredients (must provide invoice or receipt at the event)	
All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	☐ Yes ☐ No
If any food preparation activities for this menu item occur at a location other than at the licensed temporary food stand at the event, indicate what preparation activities will take place elsewhere and complete the Food Prep (Alternative Location- pg1) information. If all food preparation activities will take place in the licensed temporary food stand at the event enter N/A.	
Menu Item 2	
Name of Menu Item 2 as listed on your menu	
Is this menu item a food you prepare from multiple ingredients or an item that you purchase ready-made?	☐ Purchased ☐ Prepared
Source of food including all ingredients (must provide invoice or receipt at the event)	
All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	☐ Yes ☐ No
If any food preparation activities for this menu item occur at a location other than at the licensed temporary food stand at the event, indicate what preparation activities will take place elsewhere and complete the Food Prep (Alternative Location- pg 1) information. If all food preparation activities will take place in the licensed temporary food stand at the event enter N/A.	
Menu Item 3	
Name of Menu Item 3 as listed on your menu	
Is this menu item a food you prepare from multiple ingredients or an item that you purchase ready-made?	☐ Purchased ☐ Prepared
Source of food including all ingredients (must provide invoice or receipt at the event)	
All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	☐ Yes ☐ No
If any food preparation activities for this menu item occur at a location other than at the licensed temporary food stand at the event, indicate what preparation activities will take place elsewhere and complete the Food Prep (Alternative Location- pg1) information. If all food preparation activities will take place in the licensed temporary food stand at the event enter N/A.	
Menu Item 4	
Name of Menu Item 4 as listed on your menu	
Is this menu item a food you prepare from multiple ingredients or an item that you purchase ready-made?	☐ Purchased ☐ Prepared
Source of food including all ingredients (must provide invoice or receipt at the event)	
All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	☐ Yes ☐ No
If any food preparation activities for this menu item occur at a location other than at the licensed temporary food stand at the event, indicate what preparation activities will take place elsewhere and complete the Food Prep (Alternative Location- pg 1) information. If all food preparation activities will take place in the licensed temporary food stand at the event enter N/A.	

Menu Item 5 (If you have more than 5 menu items, use an additional paper to fill out the information below for each additional menu item)	
Name of Menu Item 5 as listed on your menu	
Is this menu item a food you prepare from multiple ingredients or an item that you purchase ready-made?	☐ Purchased ☐ Prepared
Source of food including all ingredients (must provide invoice or receipt at the event)	
All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	☐ Yes ☐ No
If any food preparation activities for this menu item occur at a location other than at the licensed temporary food stand at the event, indicate what preparation activities will take place elsewhere and complete the Food Prep (Alternative Location- pg1) information. If all food preparation activities will take place in the licensed temporary food stand at the event enter N/A.	
Booth Construction	
Overhead Covering	☐ Canvas ☐ Wood ☐ Other
Floor	☐ Asphalt ☐ Concrete ☐ Wood ☐ Other _____
Walls	☐ Screens ☐ Concrete ☐ Wood ☐ Other _____
Booth supplied by	☐ Food Stand Operator ☐ Event Coordinator ☐ Other _____
Booth Supplied By	☐ Food Stand Operator ☐ Event Coordinator ☐ Other _____
Utensils and Equipment	
Utensil Type	☐ Providing Single Serve Eating and Drinking Utensils ☐ Multiuse Kitchen Utensils (knives, cutting board, pots/pans)
Type of Utensil Washing Setup	☐ Three Basin Setup on site ☐ Shared Three Compartment Sink on site ☐ Ware washing within a licensed Food Establishment ☐ NA
Sanitizer to be used	☐ Chlorine (such as Unscented Bleach) ☐ Quaternary Ammonium ☐ Other _____
Test strips provided (Test strips are required if using sanitizer on site)	☐ Yes ☐ No
Handwashing Facilities	
Provided by	☐ Food Stand Operator ☐ Event Coordinator ☐ NA
Type of handwashing facility Handwashing stations are required in each food stand and are required to be set up prior to food preparation.	☐ Gravity Fed Water with Spigot and Bucket (such as an Igloo Cooler set up) ☐ Self-Contained Portable Unit (in each stand) ☐ Plumbed with Hot and Cold Water Under Pressure ☐ NA
Disposable gloves provided	☐ Yes ☐ No
Food Storage or Display Equipment	
List all equipment used for food storage and display. Enter N/A if necessary.	
Hot:	
Cold:	
Dry:	
Condiments:	

Water Supply	
Provided By:	☐ Event Coordinator ☐ Food Stand Operator
Source of Water:	☐ NA ☐ Public ☐ Non-Public (Results of most recent test must be submitted)
Method of providing hot water for handwashing and ware washing:	
Cooking Equipment	
List all cooking equipment: (example grills, fryers, etc)	
Provided By:	☐ Event Coordinator ☐ Food Stand Operator
Electrical Supply	
Type:	☐ Generator ☐ Power Hook Up ☐ No Power Needed ☐ Lighting Available ☐ Other _____
Provided By:	☐ Event Coordinator ☐ Food Stand Operator
Food Transportation	
Identify how food will be transported to event in order to maintain safe temperatures	
Food Employees/Volunteers	
Food Protection Manager Certificate available on site?	☐ Yes Name:_____ ☐ No
# of food employees/volunteers	
Person responsible for maintaining log book (required) A log book is a record of employees with dates and times worked in the food stand.	
Refuse Removal (Liquid waste = water, grease, etc.) (Refuse = trash)	
Describe how liquid waste will be disposed of. Enter N/A if there is no liquid waste.	
Frequency of liquid waste removal (times per day)	
Describe how trash will be disposed of.	
Thermometers	
Holding Thermometer Description. Enter N/A if temperature control is not required for safety.	☐ Thin Tip Probe Thermometer ☐ Other (describe) _____
Cooking Thermometer Description. Enter N/A if there is no cooking.	☐ Thin Tip Probe Thermometer ☐ Other (describe) _____
Rules and Regulations	
The Food Stand Operator has read the Temporary Food Operation Guide	☐ Yes ☐ No

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: $50.00 **Submit payment to:**

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

Applicants Name (Print): _____Applicants Signature:_____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Inspector Name (Print) _____

Check/Cash #(circle)	Check Date	Amount Received
Check Name	Penalty amount	Amount Due

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.