

IOWA DEPARTMENT OF

INSPECTIONS & APPEALS

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

NAME OF EVENT _____ LOCATION OF EVENT _____

CITY OF EVENT _____ ZIP CODE _____ COUNTY OF EVENT _____

DATE(S) OF EVENT _____ TIME OF EVENT _____

NAME OF ORGANIZATION _____

NAME OF CONTACT PERSON (NOTE: must be the individual in charge of or supervising this temporary food establishment) _____

MAILING ADDRESS (This is where the license will be sent) _____

TELEPHONE NUMBER daytime _____ Evening _____

WHAT DATE AND TIME WILL YOU BE SET UP AND READY FOR INSPECTION? _____

PLEASE COMPLETE THE CHART BELOW.

ALL FOOD ITEMS	FOOD SOURCE	LOCATION WHERE FOOD WILL BE PREPARED	DATE & TIME OF FOOD PREPARATION
Example: Hamburgers	Smith's Market	On Site	7/15/04 11:00 a.m.

FOOD FOR THIS EVENT CANNOT BE PREPARED IN AN UNLICENSED HOME KITCHEN

PLEASE CIRCLE ONE

Description of Stand/Unit: ()Trailer ()Truck ()Pushcart ()Other _____

Type of Overhead Protection: ()Canvas ()Wood ()Metal ()Other _____

Sides Fully Enclosed: ()Yes ()No

Running Water: ()Yes ()No ()Hot ()Cold

What type of equipment washing facilities will you be providing and how are you providing hot water?

What type of hand washing facilities will you be providing and how are you providing hot water?

PLEASE FILL OUT BACK

TEMPORARY LICENSE

How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 140°F (HOT) or below 41°F (COLD)?

- Fee \$25.00
- Exempt Non-Profit operation 1 day and all proceeds used for charitable purpose. (No Fee Required)

Signature of Owner/Operator

Date

TEMPORARY LICENSE VALID 14 DAYS IN CONJUNCTION WITH A SINGLE EVENT

MAKE CHECKS PAYABLE TO AND RETURN TO THE FOLLOWING ADDRESS:

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
FOOD AND CONSUMER SAFETY BUREAU
LUCAS STATE OFFICE BUILDING, 3RD FLOOR
DES MOINES, IOWA 50319

For Official Use Only

Ck Date _____ Amt _____ Ck # _____