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. Applications not submitted at least three weekdays before the event may not be reviewed. Penalties will be assessed if application is not submitted prior to the event. Permit will be sent to the e-mail address provided.

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

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

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)

<table>
<thead>
<tr>
<th>List menu item(s)</th>
<th>Source of food (must provide invoice or receipt at the event)</th>
<th>All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)</th>
<th>If prepared at another location indicate what preparation will occur**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Hamburgers</td>
<td>Smith’s Market</td>
<td>Yes/No</td>
<td>Yes/No</td>
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<td>Yes/No</td>
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<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Food Establishment Name</th>
<th>Name of Permit Holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address and City</td>
<td>License #</td>
</tr>
<tr>
<td>Date and Time of preparation</td>
<td>Contact phone number</td>
</tr>
</tbody>
</table>
## 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:

### Thermometers:
- [ ] Refrigeration/Cold Storage
- [ ] Cooking/hot food storage (indicate type):

### 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

### 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: ____________________________

### Toilet Facilities for Food Employees

Provided by: [ ] Event Coordinator  [ ] Food Stand Operator

### Liquid Waste Removal

Describe how liquid waste will be disposed of:

#### Frequency of liquid waste removal:

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  Submit payment to:  Iowa Department of Inspection and Appeals  
Food and Consumer Safety Bureau  
321 E 12th Street  
Des Moines, IA 50319  
Phone number (515)281-6538

Applicants Name (Print): ____________________________  Applicants Signature: ____________________________

**DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Inspector Name</th>
<th>Check #</th>
<th>Date Received</th>
<th>Amount Received</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Check Name</th>
<th>Penalty amount</th>
<th>Amount Due</th>
</tr>
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</table>
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.