

IOWA DEPARTMENT OF  
**INSPECTIONS & APPEALS**

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE**

TEMPORARY LICENSE VALID 14 DAYS IN CONJUNCTION WITH A SINGLE EVENT AT A SINGLE LOCATION.

**NAME OF EVENT** \_\_\_\_\_ **LOCATION OF EVENT** \_\_\_\_\_

**CITY OF EVENT** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **COUNTY OF EVENT** \_\_\_\_\_

**DATE OF EVENT: From** \_\_\_\_\_ **TO** \_\_\_\_\_ **TIME** \_\_\_\_\_

**NAME OF BUSINESS** \_\_\_\_\_

**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 (Use additional paper if needed).

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 KITCHEN

PLEASE CHECK 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

**PLEASE FILL OUT REVERSE SIDE OF APPLICATION**

DO YOU HAVE THE FOLLOWING?

SANITIZER – YES \_\_\_\_\_ NO \_\_\_\_\_ (LIST TYPE) \_\_\_\_\_

TEST STRIPS FOR SANITIZER - YES \_\_\_\_\_ NO \_\_\_\_\_

DISPOSABLE GLOVES FOR READY TO EAT FOODS - YES \_\_\_\_\_ NO \_\_\_\_\_

THERMOMETERS - YES \_\_\_\_\_ NO \_\_\_\_\_

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

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How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 135°F (HOT) or below 41°F (COLD)?

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Fee \$33.50

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Signature of Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_

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, 3<sup>RD</sup> FLOOR  
DES MOINES, IOWA 50319

For Official Use Only

Amt \_\_\_\_\_ Ck # \_\_\_\_\_ Ck Date \_\_\_\_\_