APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

Siouxland District Health Department

1014 Nebraska Street Sioux City, IA 51105 712-279-6119 • 800-587-3005 Date of Application_____

Event Date_____

Application for temporary food stands located in **Woodbury, Plymouth, Sioux, Lyon, Osceola, O'Brien, Cherokee, Clay, Dickinson, Palo Alto, and Emmet** counties in Iowa. A temporary food establishment license is valid in one location for up to 14 days in conjunction with a single community event. Temporary food establishments that operate simultaneously at more than one stand at an event are required to have <u>a separate license for each location</u>.

Applications shall be submitted a minimum of **three business days prior to operating**, and penalties may be assessed if application is not submitted prior to the event. Temporary stands are subject to inspection and preparation and sales may be suspended if all requirements are not complied with. 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.

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. Permits will be sent to the email address provided.

TYPE or PRINT IN INK. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.

FOOD ESTABLISHMENT INFORMATION	EVENT INFORMATION		
Food Stand Name	Event Name		
Name of Owner			
Address	Date(s) of Event		
	Start Date: End Date:		
City/State/Zip Code	Location of Event (Name of Venue or Area)		
Contact Information Phone:	Address of Event		
Cell or Alternate #: Email:	City Zip Code		
Type of Organization	County		
For Profit Charitable – Not for Profit			
Hours of Operation	Indoor Event Outdoor Event *		
Set-up/Prep Time:	* Event will occur regardless of the weather conditions:		
Service Time:	□ Yes □ No		
On-site (Person-in-Charge) Contact	Event Organizer		
Name:	Name:		
Cell phone:	Phone:		
Email:	Email:		
Secondary on-site (Person-in-Charge) Contact	Facility Type		
Name:	Booth Mobile Food Unit		
Cell phone:	Permanent Building Food Cart		

** FOR FOOD ITEMS THAT WILL BE PREPARED AT ANOTHER LOCATION, PROVIDE THE FOLLOWING INFORMATION		
Food Establishment Name	Name of Permit Holder	
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)					
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) 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) 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) 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) information. If all food preparation activities will take place in the licensed temporary food stand at the event enter N/A.					
Menu Item 5					
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 prep activities for this item occur at a location other than at the licensed temporary food stand at the event, indicate what activities will take place elsewhere and complete the Food Prep Alternative Location information. If all food preparation activities will take place in the licensed temporary food stand at the event enter N/A.					

Stand 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
Utensils and Equipment	
Utensil Types Used	 Providing Single Use Eating and Drinking Utensils Multiuse Kitchen Utensils (knives, cutting board, pots/pans, etc)
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 (all pre-packaged food items)
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 Igloo cooler) 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 nec	essary.
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 warewashing	
Cooking Equipment	
List all cooking equipment: (example grills, fryers, etc.)	
Provided By	 Event Coordinator Food Stand Operator

Electrical Supply			
Туре		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 ord safe temperatures.	der to maintain		
Food Employees/Volunteers			
Certified Food Protection Manager available		Yes Name:	
		□ No	
# of food employees/volunteers			
Person responsible for maintaining log book (requ A log book is a record of employees with dates and times v			
Refuse Removal (Liquid waste = water,		Refuse = trash)	
Describe how liquid waste will be disposed of. Ent	er N/A if there is	,	
no liquid waste.			
Frequency of liquid waste removal (times per day)			
Describe how trash will be disposed of.			
Thermometers		T	
Holding Thermometer Description. Enter N/A if ter is not required for safety.	nperature control	 Thin Tip Probe Thermome Other (describe) 	ter
Cooking Thermometer Description. Enter N/A if th	ere is no cooking.	 Thin Tip Probe Thermome Other (describe) 	ter
A Temporary Food Establishment License	will not be issue	d unless this application mee	ets all applicable requirements found in the
Iowa Food Code as summarized in the Ter	nporary Food Est	tablishment Rules and the re	gulatory authority has approved the license.
All Temporary food stands are subject to in	nspection. Non-co	ompliance may result in clos	ure of the Temporary Food Establishment.
Reminders:			
 No homemade foods, with the except 	ion of non-time/te	emperature control for safety for	ood only sold at non-profit stands
 No bare hand contact with ready-to-e 			
 All meats must be USDA or IA inspect 	-	-	
Self-serve condiments shall be individ			
 Handwashing facilities must be provided 	ied in any stand w	ith unpackaged foods or bevera	ges
License Fee \$50.00 sub	omit payment to:	Siouxland District Health De	epartment
(Nonrefundable)		1014 Nebraska Street	
		Sioux City, IA 51105	Phone number 712-279-6119
I hereby certify that I have read the Temporary I	Food Stand Require	ments and I understand and agree	e to comply with these requirements.
Applicant's Name (Print):		Applicant's Signature	:
Chack #	Data Passive d		Amount Possivad
Check #	Date Received		Amount Received
Check Name	Penalty Amount		Amount Due

Reviewed	by	

Health Department Representative

□ Approved

License # / Date Issued _____

□ Not Approved Reason _

Sketch below the general layout of the Temporary Food Establishment including 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