

**WESTERN IOWA REGIONAL INSPECTIONS**  
**1411 Industrial Parkway**  
**Harlan, Iowa 51537**  
**Phone # (712) 755-2609 Fax # (712) 755-2519**

**APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT**

A temporary license is valid up to 14 days in conjunction with a single event  
 Penalties will be assessed if application is not submitted prior to the event

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

FOOD ESTABLISHMENT INFORMATION	EVENT INFORMATION
<b>Name of Owner and Business Name:</b>	<b>Event Name:</b>
<b>Mailing Address:</b>	<b>Location:</b>
<b>City/State/Zip Code:</b>	<b>Address:</b>
<b>Contact Information:</b> phone ( ) - cell phone ( ) - email	<b>City:</b>  <b>County:</b> <span style="float: right;"><b>Zip code:</b></span>
<b>Type of Organization:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	<b>Date(s) of Event:</b> Anticipated Maximum Attendance at Peak Time: _____
<b>Hours of Operation:</b> Set-up/Preparation Time: Service Time:	<b>Event Organizer's Name:</b> cell phone ( ) - email
<b>On-site (Person-in-Charge) Contact:</b> Name phone ( ) - cell phone ( ) - email	<b>Event Location:</b> <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event* * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Secondary on-site (Person-in-Charge) Contact:</b> Name Cell phone ( ) -	<b>Facility Type:</b> <input type="checkbox"/> Booth <input type="checkbox"/> Mobile Food Establishment <input type="checkbox"/> Permanent Building <input type="checkbox"/> Food Cart

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)	Source of food (must provide invoice or receipt at the event)	All preparation done on site (including, cutting, seasoning, marinating, cooking, etc.)	If prepared at another location indicate what preparation will occur**
Example: <i>Hamburgers</i>	<i>Smith's Market</i>	Yes/No	
		Yes/No	

\*\*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

## 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:

### 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: \_\_\_\_\_

### Thermometers:

Refrigeration/Cold Storage  
Cooking/hot food storage(indicate type): \_\_\_\_\_

### Toilet Facilities for Food Employees

Provided by : Event Coordinator Food Stand Operator

### 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

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:

**Western Iowa Regional Inspections**

**1411 Industrial Parkway**

**Harlan, Iowa 51537**

**Phone # (712) 755-2609**

**Fax # (712)755-2519**

Applicants Name (Print): \_\_\_\_\_ Applicants Signature: \_\_\_\_\_

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

Check #	Date Received	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

A large, empty rectangular box with a thin black border, intended for a hand-drawn sketch of a temporary food establishment layout. The box is currently blank.