



Annual Temporary Food License Application

Iowa law prohibits a food establishment (including an Annual Temporary Food Establishment) from opening or operating until a license has first been obtained from the appropriate regulatory authority. Penalty Fees will be assessed for operating without the appropriate licensure.

A Temporary Food Establishment is a food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event. An “Event” is a significant occurrence or happening sponsored by a civic, business, governmental, community, or veterans organization and may include an athletic contest. For example, an event does not include a single store’s grand opening or sale.

Completed applications and documents must be submitted at least **30 days prior** to the first Event.

An Annual Temporary Food License is issued on a countywide basis and may be used at Events within that county. One license per County of operation must be obtained OR a temporary Food Establishment license must be obtained in Counties in which you do not hold the Annual license. Temporary food establishments that operate simultaneously at more than one Event within a county are required to have a separate license for each location.

Once the application, other required documents and appropriate fees are received and processed, the Department will review the information to determine if an Annual Temporary License may be issued.

Application Checklist

Your application must include all of the following information:

- A fully completed Annual Temporary Food Establishment License Application
- A copy of your intended menu (if full menu cannot be filled in below)
- Food Stand Layout (How and what equipment you will set up at each event)
- Water test (if using well water)
- Appropriate fee (check, money order, or cash)

**TYPE or PRINT IN INK. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.
Permit will be sent to the e-mail address provided.**

Food Vendor Information	
Business Name	
Business Owner	
Mailing Address Street	
Mailing Address- City & Zip	
E-mail address to send permit:	
Business Address (if different from mailing)	
Business Phone Number	
Alternate Phone Number	
Business Owner E-mail Address	
County license is to be issued for: (one license per county)	
Approximate number of events you will attend in this County	
Food Prep (Alternate Location)	
Food Establishment Name	
Name of Permit Holder (must be owned by the Temp Food Vendor)	

Address and City	
License#	
Contact phone number	
Facility Type	<input type="checkbox"/> Licensed Food Establishment <input type="checkbox"/> Licensed Mobile Food Unit <input type="checkbox"/> Other _____
Food Stand Contact Information	
Food Stand Person in Charge during Events	
Title of Food Stand Person in Charge	
Food Stand Person in Charge's Cell Phone	
Food Stand Secondary Person in Charge	
Food Stand Secondary Person in Charge's Cell Phone	
Title of Food Stand Secondary Person in Charge	
Menu (disclosure of all food and beverage menu items is required)	
Will your menu be identical for each Event (Menus and menu items must be approved.. If menu items change, changes must be submitted in writing for approval prior to the event in question)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered no, please explain.	
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?	<input type="checkbox"/> Purchased <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Purchased <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Purchased <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Purchased <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Purchased <input type="checkbox"/> 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.)	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	
Booth Construction	
Overhead Covering	<input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
Floor	<input type="checkbox"/> Asphalt <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
Walls	<input type="checkbox"/> Screens <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other _____
Booth supplied by	<input type="checkbox"/> Food Stand Operator <input type="checkbox"/> Event Coordinator <input type="checkbox"/> Other _____
Utensils and Equipment	
Utensil Type	<input type="checkbox"/> Providing Single Serve Eating and Drinking Utensils <input type="checkbox"/> Multiuse Kitchen Utensils (knives, cutting boards, pots/pans)
Type of Utensil Washing Setup	<input type="checkbox"/> Three Basin Setup on site <input type="checkbox"/> Shared Three Compartment Sink on site <input type="checkbox"/> Ware washing within a licensed Food Establishment <input type="checkbox"/> NA
Sanitizer to be used	<input type="checkbox"/> Chlorine (such as Unscented Bleach) <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Other _____
Test strips provided (test strips are required if using sanitizer on site)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Handwashing Facilities	
Provided by	<input type="checkbox"/> Food Stand Operator <input type="checkbox"/> Event Coordinator <input type="checkbox"/> NA
Type of handwashing facility	<input type="checkbox"/> Gravity Fed Water with Spigot and Bucket (such as an Igloo Cooler) <input type="checkbox"/> Self-Contained Portable Unit (in each stand) <input type="checkbox"/> Plumbed with Hot and Cold Water Under Pressure <input type="checkbox"/> NA
Handwashing stations are required in each food stand and are required to be set up prior to food preparation.	
Disposable gloves provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food Storage or Display Equipment	
List all equipment used for food storage and display. Enter N/A if necessary.	
Hot	
Cold	
Dry	
Condiments	
Water Supply	
Provided By	<input type="checkbox"/> Event Coordinator <input type="checkbox"/> Food Stand Operator
Source of Water	<input type="checkbox"/> NA <input type="checkbox"/> Public <input type="checkbox"/> Non-Public (Results of most recent test must be submitted)
Method of providing hot water for handwashing and ware washing:	
Cooking Equipment	
List all cooking equipment: (example grills, fryers, etc.)	
Provided By	<input type="checkbox"/> Event Coordinator <input type="checkbox"/> Food Stand Operator
Electrical Supply	
Type	<input type="checkbox"/> Generator <input type="checkbox"/> Power Hook Up <input type="checkbox"/> No Power Needed <input type="checkbox"/> Lighting Available <input type="checkbox"/> Other _____
Provided By	<input type="checkbox"/> Event Coordinator <input type="checkbox"/> Food Stand Operator
Food Transportation	
Identify how food will be transported to event in order to maintain safe temperatures	
Food Employees/Volunteers	
Certified Food Manager available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	
Certificate available	
# of food employees/volunteers	
Person responsible for maintaining log book (required) A log book is a record of employees with dates and times worked in the stand.	

Refuse Removal (Liquid waste = water, grease, etc.) (Refuse = trash)	
Describe how liquid waste will be disposed of. Enter N/A if there is no liquid waste.	
Frequency of liquid waste removal (times per day)	
Describe how trash will be disposed of.	
Thermometers	
Holding Thermometer Description. Enter N/A if temperature control is not required for safety.	<input type="checkbox"/> Thin Tip Probe Thermometer <input type="checkbox"/> Other (describe) _____
Cooking Thermometer Description. Enter N/A if there is no cooking.	<input type="checkbox"/> Thin Tip Probe Thermometer <input type="checkbox"/> Other (describe) _____
Rules and Regulations	
The Food Stand Operator has read the Temporary Food Operation Guide :	<input type="checkbox"/> Yes <input type="checkbox"/> No

An Annual 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 application. Non-compliance may result in closure of the Annual Temporary food establishment.

Annual License Fee: \$200

An Annual Temporary Food License is issued on a countywide basis. Temporary food establishments that operate simultaneously at more than one location within a county are required to have a separate license for each location.

Submit payment to:
 Scott County Health Department
 600 W 4th Street
 Davenport, IA 52801
 Phone Number: (563)326-8618

Verification

A copy of the license and most recent inspection report must be posted in the temporary food stand in a conspicuous location.

I verify all of the information contained in the application is accurate.

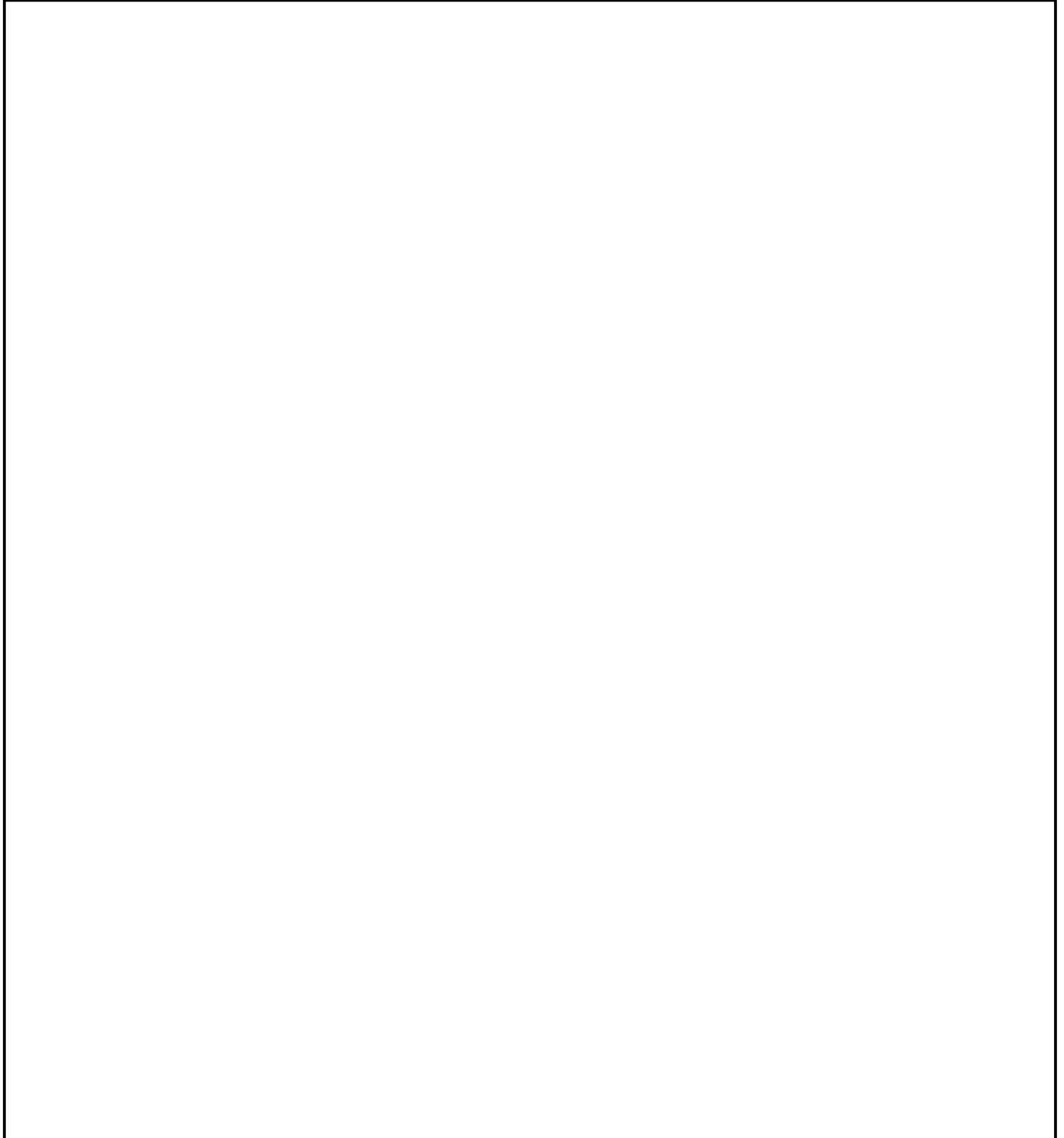
Signature _____

Printed name of Signatory _____

Do not complete information below—For Office Use Only		
Check #	Check Date	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 black border, intended for a hand-drawn sketch of a temporary food establishment layout. The box is currently blank.