



APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

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. 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 **3 days prior** to the Event.

Temporary food establishments that operate simultaneously at more than one stand at an event 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 a Temporary License may be issued.

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

FOOD ESTABLISHMENT INFORMATION	EVENT INFORMATION
Name of Owner: _____	Event Name: _____
Business Name: _____	
Business Address: (City/State/Zip Code) _____	Date(s) of Event
	From: _____ To: _____
Mailing Address(if different) (City/State/Zip Code) _____	Location of Event: _____
Contact Information: Phone: _____ Cell or Alternate #: _____ Email: _____	Address of Event (street number and city) <input type="checkbox"/> Indoor Event <input type="checkbox"/> Outdoor Event
<input type="checkbox"/> Type of Organization: <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	City of Event: _____ County of Event: _____ Zip code: _____
Hours of Operation: Set-up/Preparation Time: _____ Service Time: _____	Anticipated Maximum Attendees at Peak Time: _____ * Event will occur regardless of the weather conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-site (Person-in-Charge) Contact (if different): Name: _____ Cell phone: _____ Email: _____	Event Organizer's Name: Mailing Address: _____ Phone: _____ Email: _____
Secondary on-site (Person-in-Charge) Contact: Name: _____ Cell phone: _____	

****For food items that will be prepared at another location, provide the following information (must be owned by applicant):**

Food Establishment Name	Name of Permit Holder
Address and City	License #
Date and Time of preparation:	Contact phone number
Facility Type: <input type="checkbox"/> Licensed Food Establishment <input type="checkbox"/> Licensed Mobile Food Unit <input type="checkbox"/> Other	

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 _____
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 board, 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 set up) <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	
Food Protection Manager Certificate available on site?	<input type="checkbox"/> Yes Name: _____ <input type="checkbox"/> No
# of food employees/volunteers	
Person responsible for maintaining log book (required) <small>A log book is a record of employees with dates and times worked in the food stand.</small>	
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

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: \$50.00

Submit payment to: **Scott County Health Department**
600 W 4th Street
Davenport, IA 52801

Phone number (563)326-8618

Applicants Name (Print): _____ Applicants Signature: _____

DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY

Inspector Name (Print) _____

Check/Cash #(circle)	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.