

# Cerro Gordo County Department of Public Health

22 N Georgia Ave Suite 300 –Mason City IA 50401

(641) 421-9336

## 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>Type of Organization:</b> <input type="checkbox"/> For Profit <input type="checkbox"/> Charitable – Not for Profit	<b>County:</b>
<b>Hours of Operation:</b> Set-up/Preparation Time:      Service Time:	<b>Date(s) of Event:</b> Anticipated Maximum Attendance at Peak Time: _____
<b>On-site (Person-in-Charge) Contact:</b> Name                                  phone ( ) - cell phone ( ) - email	<b>Event Organizer's Name:</b> cell phone ( ) -      email
<b>Secondary on-site (Person-in-Charge) Contact:</b> Name Cell phone ( ) -	<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>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**
<i>Example: Hamburgers</i>	<i>Smith's Market</i>	<span style="border: 1px solid red; border-radius: 50%; padding: 2px;">Yes</span> /No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

**\*\*For food items that will be prepared at another location, provide the following information (Food cannot be prepared in an unlicensed kitchen):**

Food Establishment Name:	Name of Permit Holder:
Address and City:	License #:
Date and Time of preparation:	Contact phone number:

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## 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:

**Cerro Gordo County Department of Public Health**

**22 N Georgia Ave, Suite 300**

**Mason City, IA 50401**

**Phone number (641)421-9336**

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

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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

