



APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

NAME OF EVENT _____ LOCATION OF EVENT _____

CITY OF EVENT _____ ZIP CODE _____ COUNTY OF EVENT _____

DATE OF EVENT: From _____ TO _____ TIME _____

NAME OF BUSINESS _____

NAME OF CONTACT PERSON (*NOTE: must be the individual in charge of or supervising this temporary food establishment*) _____

MAILING ADDRESS (This is where the license will be sent)

TELEPHONE NUMBER daytime _____ Evening _____

WHAT DATE AND TIME WILL YOU BE SET UP AND READY FOR INSPECTION? _____

PLEASE COMPLETE THE CHART BELOW.

ALL FOOD ITEMS	FOOD SOURCE	LOCATION WHERE FOOD WILL BE PREPARED	DATE & TIME OF FOOD PREPARATION
EXAMPLE: Hamburgers	Smith's Market	On Site	7/15/04 11:00 a.m.

FOOD FOR THIS EVENT CANNOT BE PREPARED IN AN UNLICENSED KITCHEN

PLEASE CIRCLE ONE

Description of Stand/Unit: Trailer Truck Pushcart Other _____

Type of Overhead Protection: Canvas Wood Metal Other

Sides Fully Enclosed: Yes No

Running Water: Yes No Hot Cold

What type of equipment washing facilities will you be providing and how are you providing hot water?

What type of hand washing facilities will you be providing and how are you providing hot water?

PLEASE FILL OUT REVERSE SIDE OF APPLICATION

TEMPORARY LICENSE

How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 135°F (HOT) or below 41°F (COLD)?

Fee \$33.50 (unless you have an Iowa Mobile Food License)

Signature of Owner/Operator

Date

Mobile Food License Number _____ County License Issued In _____

TEMPORARY LICENSE VALID 14 DAYS IN CONJUNCTION WITH A SINGLE EVENT AT A SINGLE LOCATION.

MAKE CHECKS PAYABLE TO AND RETURN TO THE FOLLOWING ADDRESS:

**CERRO GORDO COUNTY DEPARTMENT OF PUBLIC HEALTH
22 NORTH GEORGIA AVENUE, SUITE 300
MASON CITY, IA 50401**

For Official Use Only

Amt _____ Ck # _____ Ck Date _____