

WESTERN IOWA REGIONAL INSPECTIONS

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 2ND PAGE OF APPLICATION

(please turn over)

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

Signature of Owner/Operator

Date

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:

WESTERN IOWA REGIONAL INSPECTIONS
1411 INDUSTRIAL PARKWAY, HARLAN, IOWA 51537
(712) 755-2609 – TELEPHONE
(712) 755-2519 - FAX

For Official Use Only

Amt _____ Ck # _____ Ck Date _____

06/08