

# Application for Temporary Food Establishment License

A.D.L.M. Counties Environmental Public Health

License # \_\_\_\_\_

P.O. Box 399, Moravia, Iowa 52571 Email: [adlmenv@sirisonline.com](mailto:adlmenv@sirisonline.com)

Office: 641 724-3511 Fax: 641 724-3513 Dianna: 641 777-7512

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

NAME OF EVENT \_\_\_\_\_ LOCATION OF EVENT \_\_\_\_\_

CITY OF EVENT \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY OF EVENT App Davis Lucas Monroe

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): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ What date & time will you be set up & ready for inspection? \_\_\_\_\_

PLEASE COMPLETE THE CHART BELOW (Use additional paper if needed).

**FOOD FOR THIS EVENT CANNOT BE PREPARED IN AN UNLICENSED HOME KITCHEN**

ALL FOOD ITEMS	FOOD SOURCE	LOCATION WHERE FOOD WILL BE PREPARED	DATE & TIME OF FOOD PREPARATION
<i>Example: Hamburgers</i>	<i>Smith's Market</i>	<i>On site</i>	<i>7/15/10 11:00 a.m.</i>

PLEASE CHECK 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

**DO YOU HAVE THE FOLLOWING?**

SANITIZER: YES \_\_\_\_\_ NO \_\_\_\_\_ (LIST TYPE) \_\_\_\_\_

TEST STRIPS FOR SANITIZER: YES \_\_\_\_\_ NO \_\_\_\_\_ DISPOSABLE GLOVES FOR READY TO EAT FOODS: YES \_\_\_\_\_ NO \_\_\_\_\_

THERMOMETERS: YES \_\_\_\_\_ NO \_\_\_\_\_

What type of hand washing facilities & hot water will you be providing?

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**

Exempt Non-Profit operating 1 day and all proceeds used for charitable purpose.  
(No Fee Required)

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date

**Make check payable to: ADLM CO. ENVIRONMENTAL PUBLIC HEALTH**

For Official Use Only

Check / Cash      Check #      Amt      Date