Application for Temporary Food Service

Iowa Department of Inspections and Appeals
Lucas State Office Building, 4th Floor
Des Moines, Iowa
50319-0083

Event: _____ Sponsor: _____

Event Location: _____ Dates: _____

Name of Organization: _____

Responsible Person: _____ Phone: _____

Complete Mailing Address: _____

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?

_____

What type of hand washing facilities will you be providing?

_____

Types of food to be served and means of preparation:

_____

_____

How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 140ºF or below 41ºF?

_____

_____

☐ Fee $25.00

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

_____ _____

Signature of Owner/Operator Date

For Official Use Only
Ck Date _____ Amt _____ Ck # _____

Temporary license valid 14 consecutive days in conjunction with a single event