

# *Cedar County Health Department*

## APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

Name of Event \_\_\_\_\_ Location of Event \_\_\_\_\_

City of Event \_\_\_\_\_ Zip Code \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Name of Organization \_\_\_\_\_

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	7/15/08 11:00 a.m.

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

**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

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

**PLEASE FILL OUT BACK SIDE**

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

**TEMPORARY LICENSE**

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

( ) Fee \$33.50

\_\_\_\_\_

Signature Date

**TEMPORARY LICENSE VALID 12 DAYS IN CONJUNCTION WITH A SINGLE EVENT**

**MAKE CHECKS PAYABLE TO AND RETURN TO THE FOLLOWING ADDRESS:**

**CEDAR COUNTY HEALTH DEPARTMENT  
CEDAR COUNTY COURTHOUSE  
400 CEDAR STREET  
TIPTON, IOWA 52772**

For Official Use Only  
Check Date \_\_\_\_\_ Amount \_\_\_\_\_ Check Number \_\_\_\_\_