

**HENRY COUNTY ENVIRONMENTAL DEPARTMENT APPLICATION FOR  
TEMPORARY FOOD ESTABLISHMENT LICENSE**

**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 \_\_\_\_\_  
 DATE OF EVENT: FROM \_\_\_\_\_ TO \_\_\_\_\_ TIMES \_\_\_\_\_  
 NAME OF BUSINESS OR ORGANIZATION:

\_\_\_\_\_  
 NAME OF PERSON IN CHARGE \_\_\_\_\_  
 TELEPHONE NUMBER DAYTIME \_\_\_\_\_ EVENING \_\_\_\_\_  
 WHAT DATE AND TIME WILL BE SET UP AND READY FOR INSPECTION? \_\_\_\_\_

**PLEASE COMPLETE THE CHART BELOW** (use additional paper if needed)

ALL FOOD ITEMS	FOOD FROM LICENSED SOURCE	LOCATION WHERE FOOD WILL BE PREPARED	DATE & TIME FOOD PREP AND WHERE
<b>EXAMPLE: HAMBURGERS</b>	<b>SMITH'S MARKET</b>	<b>ON SITE OR LICENSED KITCHEN</b>	<b>7/15/08 11:00a.m.</b>

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

Description of Stand/Unit:       Trailer    Truck    Pushcart    Other \_\_\_\_\_  
 Type of Overhead Protection:    Canvas    Wood    Metal    Other  
 Side 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?

\_\_\_\_\_

How do you plan to keep potentially hazardous food (meat, eggs, dairy products, ect.) above 135 F (hot) or below 41 F (cold)?

Hot \_\_\_\_\_

Cold \_\_\_\_\_

List all ready-to-eat foods you are serving and how you will prevent bare hand contact with each.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have the following:

Sanitizer: BLEACH \_\_\_\_\_ QUAT \_\_\_\_\_ IODINE \_\_\_\_\_ HELP SANITIZER \_\_\_\_\_

Test Strips for sanitizer: Yes \_\_\_\_\_ No \_\_\_\_\_

Disposable gloves for ready to eat foods: Yes \_\_\_\_\_ No \_\_\_\_\_

Thermometers: Yes \_\_\_\_\_ No \_\_\_\_\_

**Fee \$33.50**

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

\_\_\_\_\_  
Date

**MAKE CHECKS PAYABLE TO:**

**Henry County Board of Health**

**MAIL TO THE FOLLOWING ADDRESS:**

**407 S WHITE ST**

**MT. PLEASANT, IA 52641**

**319-385-6724**

For official use only

Amt \_\_\_\_\_ Ch# \_\_\_\_\_ Ck Date \_\_\_\_\_