



Johnson County Public Health
 855 S Dubuque Street Ste 217
 Iowa City, IA 52240
 Telephone: 319-356-6040

Event Application

Date of Application: _____ Date(s) of Event: _____

All applicants must select one of the following:

- One Time Event
- Existing Annual Event held at approximately the same time each year
- New Annual Event that will be held at approximately the same time each year

***Note: A new application is required for each Event.**

| Event Information | |
|--|---|
| Event Name | |
| Primary Organization Sponsoring the Event | |
| Type of organization(s) sponsoring the event | <input type="checkbox"/> Civic Organization <input type="checkbox"/> Business Organization <input type="checkbox"/> Educational Organization <input type="checkbox"/> Government Organization <input type="checkbox"/> Community Organization <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Athletic Contest |
| Event Location | |
| Address | |
| City | |
| County | |
| Start Date of Event | |
| End Date of Event | |
| Time of Event | |
| Time Vendors are allowed to enter the event grounds and begin food stand set up | |
| Anticipated Maximum Attendance at Peak Time | |
| Event Organizer's Name | |
| Event Organizer's Cell Phone | |
| Event Organizer's Email | |
| Secondary Person In Charge of Event | |
| Title of secondary person in charge | |
| Secondary Person in Charge Cell Phone Number | |
| Event will occur regardless of the weather conditions: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Total number of food vendors participating in the event (including beverages) | |
| Has the Event Coordinator read and understood the Temporary Food Operation Guide for vendors: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the Event hold a Vendor meeting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered no, please explain. If you answered yes, please indicate date and time of meeting. If date and time are unknown, indicate unknown. | |

| Menu Items | |
|---|--|
| Vendor menus approved by Event: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will there be a beverage tent at the event? (Beverages are Food and must be licensed as a Temporary Food Establishment) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vendor Booths | |
| Booths provided to Vendors: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Booth overhead covering: | <input type="checkbox"/> NA <input type="checkbox"/> Canvas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____ |
| Food Vendor Ware Washing | |
| Food Vendor ware washing stations provided by Event | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of utensil washing provided by Event | <input type="checkbox"/> NA <input type="checkbox"/> Three Basin Setup <input type="checkbox"/> Shared Three Compartment Sink <input type="checkbox"/> Dish Machine |
| Type of sanitizer provided by Event | <input type="checkbox"/> NA <input type="checkbox"/> Chlorine <input type="checkbox"/> Quaternary Ammonium <input type="checkbox"/> Other _____ |
| Test strips provided by Event (Test strips are required if vendors use sanitizer on site) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food Vendor Handwashing Facilities | |
| Food Vendor handwashing stations provided by Event: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of handwashing facility provided by Event Handwashing stations are required in each food stand and are required to be set up prior to food preparation. | <input type="checkbox"/> Gravity Fed Water with Spigot and Bucket <input type="checkbox"/> Self-Contained Portable Unit (each stand) <input type="checkbox"/> Plumbed with Hot and Cold Water Under Pressure |
| Vendor Food Storage | |
| Refrigerated truck/trailer provided for food Vendors: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Who is responsible for monitoring temperatures in the truck? | <input type="checkbox"/> Event Person in Charge, Name: _____ <input type="checkbox"/> Food Vendors |
| Are any other food storage or supply areas provided for food vendors? | <input type="checkbox"/> Yes Location: _____ <input type="checkbox"/> No |
| Potable Water Supply | |
| Potable water provided to Vendors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Source of Water | <input type="checkbox"/> NA <input type="checkbox"/> Public <input type="checkbox"/> Non-Public (Results of most recent test must be submitted) |
| Ice available for Vendors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Toilet Facilities for Food Employees | |
| Toilet facilities for Food Employees provided by | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---|--|
| Number of toilet facilities that will be provided based on local building codes: | |
| Electrical Supply | |
| Electrical supply provided to Vendors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of electrical supply provided | <input type="checkbox"/> Generator <input type="checkbox"/> Power Hook Up <input type="checkbox"/> No Power Provided <input type="checkbox"/> Other _____ |
| Refuse Removal | |
| Trash removal provided for food vendors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequency of trash removal | |
| Liquid waste removal provided for food vendors? (Liquid waste = grease or waste water) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe how liquid waste will be disposed of. Enter N/A if no liquid waste. | |
| Frequency of liquid waste removal: | |
| Additional Information | |
| Items to be supplied to Inspector prior to the Event: (attach to this application) | |
| A complete list of food/drink vendors with contact information- phone numbers and e-mail. | |
| A site plan layout which include: <ul style="list-style-type: none"> • Vendor locations • Water supply locations • Electrical supply locations • Restrooms and hand washing set ups (for restrooms) • Refuse disposal location • Waste water disposal location • Refrigerated trailer location (if provided by the event) Location of shared ware washing (if provided by the event) | |
| Will the Event be providing any food or beverages (Including alcohol)? | <input type="checkbox"/> Yes (an additional Temporary Food License may be required) <input type="checkbox"/> No |

LICENSE FEE

The license fee for an Event is **\$50.00** which shall be submitted to the Regulatory Authority at least 60 days in advance of the event.

An "event" for purposes of application this does not include a function with 10 or fewer temporary food establishments, a fair as defined in Iowa Code section 174.1, or a farmers market.

Submit payment to:
Johnson County Public Health
855 S Dubuque Street Ste 217
Iowa City, IA 52240

Phone Number: (319) 356-6040

Verification

I verify all of the information contained in the application is accurate.

Signature _____

Printed name of Signatory

| For Office Use Only |
|---------------------|
| Ck # _____ |
| Ck Date _____ |
| Amount Recd. _____ |
| Ck Name _____ |
| Penalty Amt. _____ |
| Amount Due _____ |