

APPLICATION & PAYMENT DUE 7 DAYS PRIOR TO EVENT

Application for Temporary Food Services
 Council Bluffs Health Department
 City Hall - 209 Pearl Street
 Council Bluffs, IA 51503
 Phone 712-328-4666

Event Name or Sponsor: _____
 Address of Event: _____ Dates: _____
 Organization Name: _____
 Responsible Person: _____ Phone: _____
 Complete Mailing Address of Responsible Person (please include street, city, state and zip) _____

Description of Stand/Unit Trailer Truck Pushcart Other
 If Other please describe: _____
 Time of Operation: Start: _____ A.M./ P.M. Close: _____ A.M. / P.M.
 State time set up for Inspection: _____ A.M./ P.M.
 Running Water: Yes No Hot Cold

What type of washing facilities will be provided to wash your equipment?

What type of handwashing 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 140° F or below 41° F?

Fee \$33.50

Exempt Non-Profit operating **1 day only** with all proceeds used for charitable purpose. Tax exempt number, 501 C 3 number required for fee waived.
 501 (C) 3 _____

 Signature of Owner/Operator Date

Temporary license valid for 14 consecutive days in conjunction with single event.