

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.**