

**ADLM Counties**

Environmental Public Health  
12307 Hwy 5 – P.O. Box 399  
Moravia, IA 52571

Dear Applicant:

Enclosed is an application for obtaining a food establishment license from ADLM Counties Environmental Public Health. Iowa law prohibits a food establishment or food processing plant from opening or operating until a license has first been obtained from the appropriate regulatory authority. Completed applications and documents must be submitted at least 30 days prior to the anticipated opening date.

The application must be fully completed and returned with all necessary documents to the (Iowa Department of Inspections and Appeals). **INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.** Once applications and other required documents are received, the Department will review the documents and provide the applicant with the assigned inspector's contact information. The applicant is responsible for contacting the inspector to schedule a pre-operational inspection. If plan submission is required, the Department will review the plans and communicate the results of the plan review to the applicant. Plan reviews generally take 3 to 4 weeks. It would be beneficial to submit the application prior to beginning construction, remodeling, or alteration of a facility. Please note, failure to provide all required information could delay plan approval.

MAILING ADDRESS:     **ADLM Counties**  
                              **Environmental Public Health**  
                              **12307 Highway 5**  
                              **P.O. Box 399**  
                              **Moravia, IA 52571**

Applications may also be completed online at [www.food.iowa.gov](http://www.food.iowa.gov)

Application Checklist: Your application must include all of the following information:

- A fully completed Food Establishment License Application
- A copy of your intended menu
- Facility floor plan and equipment schedule (if applicable)
- Water test (if applicable)
- Appropriate fee (check, money order, or cash)
- Copy of your or your staff member(s) current Certified Food Protection Manager Certificate(s) (if applicable)
- Written plans and procedures where specified in the Iowa Food Code
  - HACCP plans (if required) Iowa Food Code section 8-201.13 (link)
  - Procedures for clean-up of bodily fluids (all establishments) Iowa Food Code Section 2-501.11 (link)
  - Employee illness reporting policy (all establishments) 2-103.11(link)

# ADLM Counties Environmental Public Health

## FOOD ESTABLISHMENT LICENSE APPLICATION

### SECTION 1: COMPLETE THIS SECTION AND MOVE TO SECTION 2

Anticipated Date of Opening: \_\_\_\_\_

LICENSE TYPE: **FOOD ESTABLISHMENT**

#### **PART A:**

THIS FACILITY IS A:

- Food Service Establishment (taxable food or beverage sales or food or beverages sold for on premises consumption)
- Retail Food Establishment (non-taxable food or beverages sold for off premises consumption)
- Both Food Service and Retail Food
- Mobile Food Unit

#### **PART B:**

PLEASE SELECT:

**New Food Establishment (Must complete section 3)**

- New construction of a food establishment
- A new food business (in an existing physical structure not previously a food business)
- Opening a food business that has been non-operational for more than 3 months
- Opening a new food business in a food facility that has been in operational within the last 3 months and there will be a significant menu or food service style change. For example, change from a fast food style restaurant to a full service facility

**Change of Ownership**

A currently operating food business that will have new ownership but generally the same menu type and food service style, if the facility has been actively licensed and has been operational within the last 3 months. If not, select New Food Business above.

**Other, Describe** \_\_\_\_\_



**ESTABLISHMENT SERVICE INFORMATION**

**PART A:**

**DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)**

- |                                    |            |                                   |            |
|------------------------------------|------------|-----------------------------------|------------|
| <input type="checkbox"/> Monday    | Time _____ | <input type="checkbox"/> Friday   | Time _____ |
| <input type="checkbox"/> Tuesday   | Time _____ | <input type="checkbox"/> Saturday | Time _____ |
| <input type="checkbox"/> Wednesday | Time _____ | <input type="checkbox"/> Sunday   | Time _____ |
| <input type="checkbox"/> Thursday  | Time _____ |                                   |            |

If Seasonal: Indicate months of operation:

\_\_\_\_\_

If mobile: Events or locations you routinely attend or set up/sell at:

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

**PART B:**

**TYPE OF SERVICE (Check all that apply)**

**Retail Service (non-taxable food sold for off premises consumption)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retail Grocery Store      | <input type="checkbox"/> Retail Deli Department   | <input type="checkbox"/> Retail Candy Store                  |
| <input type="checkbox"/> Retail Meat Department    | <input type="checkbox"/> Retail Bakery Department | <input type="checkbox"/> Variety Store                       |
| <input type="checkbox"/> Retail Seafood Department | <input type="checkbox"/> Retail Salvage Food      | <input type="checkbox"/> Other Retail Store<br>Specify _____ |
| <input type="checkbox"/> Retail Produce Department | <input type="checkbox"/> Retail Convenience Store |  |

**Food Service (taxable food sales or on premises consumption)**

- |   |  |
|---|--|
| <input type="checkbox"/> Dine-in Food Service                               | <input type="checkbox"/> Commissary (service or preparation location for company owned outlets including vending machines and mobile food units) |
| <input type="checkbox"/> Take-out Food Service                              |  |
| <input type="checkbox"/> Buffet Service                                     | <input type="checkbox"/> Concession Stand  |
| <input type="checkbox"/> Salad Bar Service                                  | <input type="checkbox"/> Food Service Deli   |
| <input type="checkbox"/> Alcoholic Beverage Service (no food preparation)   | <input type="checkbox"/> Convenience Store Food Service  |
| <input type="checkbox"/> Alcoholic Beverage Service (with food preparation) | <input type="checkbox"/> Continental Breakfast   |
| <input type="checkbox"/> Catering   | <input type="checkbox"/> Other Food Service Specify _____  |

**Institutional Food Service**

- Assisted Living (production and/or service site)
- Assisted Living (service site only)
- Elementary School (including K-5) (Production and/or service site)
- Elementary School (including K-5) (service site only)
- School (not including K-5) (production and/or service site)
- School (not including K-5) (service site only)
- Elderly Nutrition Program/Senior Center (production and/or service site)
- Elderly Nutrition Program/Senior Center (service site only)
- Hospitals (non-patient food service)
- Other Institutional Food Service Specify \_\_\_\_\_

**Mobile Food Unit**

- Ice Cream (pre-packaged)
- BBQ Unit
- Push Cart
- Concessions Truck/Trailer
- Taco Truck
- Frozen Food (pre-packaged)
- Other Mobile Specify \_\_\_\_\_

**TYPE OF MENU (Check all that apply)**

- Full Service Menu (numerous items) \*\* attach menu
- Limited Menu (a few items) \*\* attach menu

Do you plan on serving any animal food undercooked, raw, or cooked to order?  YES  NO  
 List: \_\_\_\_\_ If yes, is a consumer advisory on your menu?  YES  NO

Do you have or have you applied for an alcoholic beverage license?  YES  NO

**PROJECTED CAPACITY**

Number of seats = \_\_\_\_\_ (Include inside and outside seating as described in the instructions. Mark '0' if no seating provided)

Patrons served daily (projected) = \_\_\_\_\_

**EMPLOYEE INFORMATION**

Anticipated # of employees/volunteers, including owner = \_\_\_\_\_

Do you have one or more Certified Food Protection Managers on Staff that have supervisory responsibility?  
 YES  NO  Exempt (only serve or sell prepackaged foods)

If YES, Please attach a copy of your National Certificate(s)

If NO, Do you have a Person-In-Charge enrolled in Food Safety Training?  YES  NO

If YES, Name, Date, and Location of Course \_\_\_\_\_

Do you have written procedures and plans where specified in the Iowa Food Code (for example, HACCP plan if required, Employee Illness Reporting Policy, Standard Operating Procedures, Bodily Fluid Clean-up Procedures):  Yes  NO  N/A  
 If yes, attach copies

If no, please have any required plans and procedures available at the pre-opening inspection

### SECTION 3: FACILITY FLOOR PLAN & EQUIPMENT SCHEDULE

IF A "CHANGE OF OWNERSHIP", AS DESCRIBED IN SECTION 1, SKIP THIS SECTION AND MOVE TO SECTION 4.

**ALL "NEW FACILITIES" AS DESCRIBED IN SECTION 1 MUST ATTACH FULL PLANS, SIGN, & MOVE TO SECTION 5.**

All facilities must submit **ONE** copy of a facility floor plan/layout, **EXCEPT** for CHANGE OF OWNERSHIP FOR AN EXISTING FACILITY **WHERE NO CONSTRUCTION, REMODELING, OR CHANGES ARE GOING TO OCCUR**. This plan must include;

- the basic lay out of the facility,
- the location of all food service equipment,
- a listing of the equipment (including manufacturer's names and model numbers),
- water and sewer connection locations,
- restroom locations and fixtures,
- lighting schedules,
- surface or finish coat materials of floors, walls and ceilings, and
- a site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...).

Plans may be hand drawn, to approximate scale, and must be neat and legible. Plans will not be returned to you.

***\*Remodel facilities only, need only submit a floor plan and the list of equipment for the specific area(s) of the food establishment that is affected by the remodel.***

**I have attached the appropriate floor plan AND equipment list to this application.**

Applicant Signature \_\_\_\_\_

### SECTION 4: COMPLETE THIS SECTION AND MOVE TO SECTION 5

#### WATER, SEWER, WASTE INFORMATION

**WATER: The facility is using: (Check which one applies)**

- A public or municipal water supply.
- A non-public / non-municipal / private water supply (example: well water). **A current water test must be provided.**
- Mobile Unit: Various water supplies because this is a mobile unit and not filling at one location each time. Operators must always use approved and tested water supplies and have documentation of where the water was obtained.

**SEWER: The facility is using: (Check which one applies)**

- A municipal/public sewage disposal system.
- A non-public sewage disposal system
- For Mobile Units: Appropriate sewage/waste holding tanks that will be disposed of at approved sanitary sewage disposal sites.

**REFUSE: (Check all that apply & complete fully)**

- The food facility refuse collector is \_\_\_\_\_ (company name)
- List any other refuse /waste collection companies (ex: grease collection) \_\_\_\_\_

This facility is a mobile unit and will use various approved refuse sites for disposal of refuse and waste.

**SECTION 5: ALL APPLICANTS READ AND COMPLETE APPLICABLE OWNERSHIP INFORMATION**

**Sole Proprietor**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

**Partnership**

**General Partner#1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

**General Partner#2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

**Corporation**

Corporation Name	Alternate or Cell Phone ( )
Address City: State: Zip:	Fax ( )
Phone ( )	Email
President/CEO	Signature of Corporate Official
Name of Corporate Official	Official Title of Signatory

**Non-Profit Organization**

Name of Non-Profit Organization	Alternate or Cell Phone ( )
Address City: State: Zip:	Fax ( )
Phone ( )	Email
Organization President	Signature of Organization Official
Name of Organization Official	Official Title of Signatory

**Limited Liability Company (LLC)**

Name of LLC	Email
Address City: State: Zip:	Name of President
Phone ( )	Signature of Official
Alternate or Cell Phone ( )	Official Title of Signatory
Fax ( )	

**Limited Liability Partnership (LLP)**

**Member #1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

**Member#2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )

Phone ( )	Signature
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**Government/Municipality**

Name of Agency	Email
Address City: State: Zip:	Agency Official's Name
Phone ( )	Agency Official's Title
Alternate or Cell Phone ( )	Agency Official's Signature
Fax ( )	

**School (K-12)**

Name of School District	Fax ( )
Address City: State: Zip:	Name of Superintendent
Phone ( )	Name of Signatory
Alternate or Cell Phone ( )	Title of Signatory
Email	Signature of Official

**SECTION 6: ALL APPLICANTS READ AND COMPLETE**

Pay from the appropriate Fee Schedule based on your sales type and anticipated sales volume. Anticipated sales volume should be based on your business plan or in the case of a change in ownership, the previous ownerships sales will be used to set the fee. Please provide documentation to support the selected fee.

Retail Sales Only (non-taxable food or beverage sales sold for consumption off the premises)

Food Service Sales Only (taxable food or beverage sales, or food or beverages sold for consumption on premises), or food service sales and \$20,000 or less in annual retail sales

<input type="checkbox"/> \$40.50 - Annual gross sales of \$1 to \$10,000
<input type="checkbox"/> \$101.25 - Annual gross sales of \$10,001 to \$250,000
<input type="checkbox"/> \$155.25 - Annual gross sales of \$250,001 to \$500,000
<input type="checkbox"/> \$202.50 - Annual gross sales of \$500,001 to \$750,000
<input type="checkbox"/> \$303.75 - Annual gross sales of \$750,001 or more

<input type="checkbox"/> \$0.00 - School
<input type="checkbox"/> \$67.50 - Annual gross sales of \$1 to \$50,000
<input type="checkbox"/> \$114.50 - Annual gross sales of \$50,001 to \$100,000
<input type="checkbox"/> \$236.25 - Annual gross sales of \$100,001 to \$250,000
<input type="checkbox"/> \$275.00 - Annual gross sales of \$250,001 to \$500,000
<input type="checkbox"/> \$303.75 - Annual gross sales of \$500,001 or more

Food Service Sales AND more than \$20,000 in Retail Sales must pay both fees listed (one check is acceptable)

Retail Sales License Fee Schedule	
<input type="checkbox"/> \$30.38 - Annual gross sales of \$1 to \$10,000	
<input type="checkbox"/> \$75.94 - Annual gross sales of \$10,001 to \$250,000	
<input type="checkbox"/> \$116.44 - Annual gross sales of \$250,001 to \$500,000	
<input type="checkbox"/> \$151.88 - Annual gross sales of \$500,001 to \$750,000	
<input type="checkbox"/> \$227.81 - Annual gross sales of \$750,001 or more	

Food Service Sales License Fee Schedule	
<input type="checkbox"/> \$50.63 - Annual gross sales of \$1 to \$50,000	
<input type="checkbox"/> \$85.88 - Annual gross sales of \$50,001 to \$100,000	
<input type="checkbox"/> \$177.19 - Annual gross sales of \$100,001 to \$250,000	
<input type="checkbox"/> \$206.25 - Annual gross sales of \$250,001 to \$500,000	
<input type="checkbox"/> \$227.81 - Annual gross sales of \$500,001 or more	

Mobile Food Unit Sales \$27.00

<b>FOR OFFICE USE ONLY</b>
Check # _____
Check Date _____
Penalty due _____
Check Amount _____
Date Received _____



**SECTION 7: MOBILE FOOD UNIT APPLICANTS MUST COMPLETE THIS SECTION**

**Mobile Food Unit Applicants:** Please verify that all information is accurate and sign where required

**Unit Identification:** Complete all sections. Mark N/A if not applicable.

VIN Number or Serial Number \_\_\_\_\_  
License Plate No./State \_\_\_\_\_  
Unit and/or Truck Number \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Size \_\_\_\_\_ Color \_\_\_\_\_

**Home Base of Operation**

List the address of the Home Base for the Mobile Food Unit (This is where the unit will be serviced)

\_\_\_\_\_  
Street Number and Name City State Zip Code  
\_\_\_\_\_  
County

If the Home Base is a licensed establishment, provide the license number. If not, state N/A: \_\_\_\_\_

*All food storage and preparation must be done in the mobile unit or in a company-licensed commissary.*

**Additional Requirements**

If the unit is normally set up in the same location each day and does not have a plumbed restroom, an agreement with a neighboring business for use of a restroom must be obtained. (attach restroom agreement)

I understand mobile food units may only operate up to three days in one location unless they return to their home base of operation each day. Signature \_\_\_\_\_

I understand all food service operations must be conducted within the mobile food unit with the exception of grills and smokers. Signature \_\_\_\_\_

**Additional Permits**

Check with City and County government agencies to if additional permits are required

**Verification**

A copy of the unit license and most recent inspection report must be posted on the unit in a conspicuous location.

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

Signature \_\_\_\_\_

Printed name of Signatory \_\_\_\_\_