Johnson County Public Health
855 S Dubuque Street Ste113
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	☐ Civic Organization ☐ Business Organization ☐ Educational Organization ☐ Government Organization ☐ Community Organization ☐ Veteran's Organization ☐ 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:	☐ Yes ☐ 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:	☐ Yes ☐ No
Will the Event hold a Vendor meeting?	☐ Yes ☐ 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:	☐ Yes ☐ No
Will there be a beverage tent at the event? (Beverages are Food and must be licensed as a Temporary Food Establishment)	☐ Yes ☐ No
Vendor Booths	
Booths provided to Vendors:	☐ Yes ☐ No
Booth overhead covering:	☐ NA ☐ Canvas ☐ Wood ☐ Other _____
Food Vendor Ware Washing	
Food Vendor ware washing stations provided by Event	☐ Yes ☐ No
Type of utensil washing provided by Event	☐ NA ☐ Three Basin Setup ☐ Shared Three Compartment Sink ☐ Dish Machine
Type of sanitizer provided by Event	☐ NA ☐ Chlorine ☐ Quaternary Ammonium ☐ Other _____
Test strips provided by Event (Test strips are required if vendors use sanitizer on site)	☐ Yes ☐ No
Food Vendor Handwashing Facilities	
Food Vendor handwashing stations provided by Event:	☐ Yes ☐ 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.	☐ Gravity Fed Water with Spigot and Bucket ☐ Self-Contained Portable Unit (each stand) ☐ Plumbed with Hot and Cold Water Under Pressure
Vendor Food Storage	
Refrigerated truck/trailer provided for food Vendors:	☐ Yes ☐ No
Who is responsible for monitoring temperatures in the truck?	☐ Event Person in Charge, Name:_____ ☐ Food Vendors
Are any other food storage or supply areas provided for food vendors?	☐ Yes Location: _____ ☐ No
Potable Water Supply	
Potable water provided to Vendors	☐ Yes ☐ No
Source of Water	☐ NA ☐ Public ☐ Non-Public (Results of most recent test must be submitted)
Ice available for Vendors	☐ Yes ☐ No
Toilet Facilities for Food Employees	
Toilet facilities for Food Employees provided by	☐ Yes ☐ No

Number of toilet facilities that will be provided based on local building codes:	
Electrical Supply	
Electrical supply provided to Vendors	☐ Yes ☐ No
Type of electrical supply provided	☐ Generator ☐ Power Hook Up ☐ No Power Provided ☐ Other _____
Refuse Removal	
Trash removal provided for food vendors?	☐ Yes ☐ No
Frequency of trash removal	
Liquid waste removal provided for food vendors? (Liquid waste = grease or waste water)	☐ Yes ☐ 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: • 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)?	☐ Yes (an additional Temporary Food License may be required) ☐ 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 South Dubuque Street Suite 113
Iowa City, IA 52240
Phone: 319-356-6040

For Office Use Only

Ck #_____
Ck Date _____
Amount Recd. _____
Ck Name _____
Penalty Amt. _____
Amount Due _____

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

Signature _____

Printed name of Signatory

_____