

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	<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
Handwashing stations are required in each food stand and are required to be set up prior to food preparation.	
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

☐ 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:

City of Dubuque Health Services Department
City Hall Annex
1300 Main St
Dubuque, IA 52001
Phone Number: 563-589-4181

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 _____