

FOOD ESTABLISHMENT LICENSE APPLICATION

Food Service Establishments/Retail Food Establishments/Mobile Food Units

Siouxland District Health Department

Division of Environmental Health

1014 Nebraska Street

Sioux City, IA 51105

712-279-6119

800-587-3005

www.siouxlanddistricthealth.org

This is an application for obtaining a food/beverage establishment license from the Siouxland District Health Department. This is the application that is used to apply for a retail food, food service, or mobile food unit establishment license in Woodbury, Plymouth, Sioux, Lyon, Osceola, O'Brien, Cherokee, Clay, Dickinson, Emmet, or Palo Alto Counties in Iowa. Iowa law prohibits a food establishment from opening or operating until a license has first been obtained from the appropriate regulatory authority, and a successful preoperational inspection is completed. 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 Siouxland District Health Department. **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. Plan submission is required for new construction and remodels; 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 plans prior to beginning construction, remodeling, or alteration of a facility. There is no separate fee for plan review. Please note, failure to provide all required information could delay plan approval and establishment operation.

****Remodel facilities with no change in ownership or location need only submit a floor plan and the list of equipment for the specific area(s) of the food establishment that are affected by the remodel submitted to the address below.***

MAILING ADDRESS: **Siouxland District Health Department
Division of Environmental Health
1014 Nebraska Street
Sioux City, IA 51105-1435**

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 (new construction or remodel)
- Water test (if using well water)
- Appropriate fee (check, money order, or cash)
- Copy of your or your staff member(s) current Certified Food Protection Manager Certificate(s) (if available – due within 6 months of opening)
- Written plans and procedures where specified in the Iowa Food Code
 - o HACCP plans (if required) see Iowa Food Code section [8-201.13](#)
 - o Procedures for clean-up of bodily fluids (all establishments) see Iowa Food Code Section [2-501.11](#)
 - o Employee illness reporting policy (all establishments) see [2-103.11](#)

Application Date: _____

Anticipated Date of Opening or Ownership Change: _____

PHYSICAL LOCATION INFORMATION

NAME OF FOOD ESTABLISHMENT: _____

ADDRESS OF FOOD ESTABLISHMENT:

Street Address City State Zip Code

County

Business Phone Number

Cell Number or Emergency Phone Number

Email address (we do not share this)

Fax Number

MAILING ADDRESS (If different from above) All licensing and regulatory correspondence will be sent to this address. You must contact us with changes to your mailing address.

Name Street Address City/State Zip Code

VERIFICATION

I verify that all the information contained in this application is accurate.

A copy of the establishment license and most recent inspection report must be posted at the establishment in a location readily visible to the public.

Signature _____

Printed name of Signatory _____

License Type: (select one of the following)

- Food Service Establishment** (“Food service sales” are taxable food or beverage sales or food or beverages sold for on premises consumption including alcoholic beverages; this may include up to \$20,000 in retail food sales)
- Retail Food Establishment** (Retail food sales are typically non-taxable food or beverages sold for off premises consumption; may NOT include any food service type sales)
- Both Food Service and Retail Food** (Needed if establishment has “food service sales” and more than \$20,000 annually in “retail food sales” such as many convenience stores and grocery stores)
- Mobile food unit or push cart** – also select Food Service if you also have a separate commissary where food preparation/handling is occurring at the same physical address. If you have a commissary at a different location an additional application is required for that location.

All applicants must select one of the following:

- New Food Establishment** (Indicate type)
 - New construction of a food establishment
 - A new food business in an existing physical structure not previously a food business
 - Re-opening a food business that has been closed/non-operational for more than 3 months.
List name of previous owner (if known): _____
 - Opening a food business in an existing food facility that has been open/operational within the last 3 months but there will be a significant change in menu, food service style, or operation.
List name of previous owner: _____
 - Moving an existing food business to a new location
Current license number: _____

- Change of Ownership**
A currently operating food business that will have new ownership but generally the same menu, food service style, and operation. Select only if the facility has been actively licensed and has been operational within the last 3 months, if not, select New Food Establishment above.
List name of previous owner: _____

- Other, Describe** _____
(If you are sharing a kitchen with another licensed business, please note here.)

ESTABLISHMENT SERVICE INFORMATION

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
Specify _____ |
| <input type="checkbox"/> Retail Produce Department | <input type="checkbox"/> Retail Convenience Store | |

Food Service (taxable food sales of prepared food or beverages or food intended for consumption on the premises)

- | | |
|---|--|
| <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"/> Concession Stand |
| <input type="checkbox"/> Buffet Service | <input type="checkbox"/> Food Service Deli |
| <input type="checkbox"/> Salad Bar Service | <input type="checkbox"/> Convenience Store Food Service |
| <input type="checkbox"/> Alcoholic Beverage Service (no food preparation) | <input type="checkbox"/> Continental Breakfast |
| <input type="checkbox"/> Alcoholic Beverage Service (with food preparation) | <input type="checkbox"/> Other Food Service Specify _____ |
| <input type="checkbox"/> Catering | |

Mobile Food Unit

- | | | |
|---|--|--|
| <input type="checkbox"/> Ice Cream (pre-packaged) | <input type="checkbox"/> Concessions Truck/Trailer | <input type="checkbox"/> Other Mobile
Specify _____ |
| <input type="checkbox"/> BBQ Unit | <input type="checkbox"/> Taco Truck | |
| <input type="checkbox"/> Push Cart | <input type="checkbox"/> Frozen Food (prepackaged) | |

Institutional Food Service

- | | |
|---|---|
| <input type="checkbox"/> Assisted Living (production and/or service site) | <input type="checkbox"/> School (not including K-5) (service site only) |
| <input type="checkbox"/> Assisted Living (service site only) | <input type="checkbox"/> Elderly Nutrition Program/Senior Center (production and/or service site) |
| <input type="checkbox"/> Elementary School (including K-5) (Production and/or service site) | <input type="checkbox"/> Elderly Nutrition Program/Senior Center (service site only) |
| <input type="checkbox"/> Elementary School (including K-5) (service site only) | <input type="checkbox"/> Hospitals (non-patient food service) |
| <input type="checkbox"/> School (not including K-5) (production and/or service site) | <input type="checkbox"/> Other Institutional Food Service 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 N/A

PROJECTED CAPACITY

Number of seats = _____ (Include inside and outside seating. 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 and beverages)

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

FACILITY FLOOR PLAN AND EQUIPMENT SCHEDULE

All facilities must submit **ONE** hard 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,
- ventilation,
- lighting schedules,
- surface or finish coat materials of floors, walls and ceilings, and
- site plan showing exterior building structures (including storage areas, trash receptacles, outside refrigeration units, etc...).

Plans may be computer generated or hand drawn, to approximate scale, and must be neat and legible. Plans will not be returned to you. Be aware that plan reviews generally take 3 to 4 weeks. It would be beneficial to submit the plans prior to beginning construction, remodeling, or alteration of a facility. If any construction or remodeling is completed that does not meet the requirements of the Iowa Food Code, a license will not be issued until any required changes are completed. Failure to provide all required information could delay plan approval, license issuance, and establishment operation.

Remodel facilities 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.

WATER, SEWER, WASTE INFORMATION

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

- A public or municipal water supply. Name of 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 water from a tested and approved source. Water source documentation must be maintained on the mobile food unit.

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

- A municipal/public sewage disposal system. Name of 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.

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

- Monday Time _____
- Tuesday Time _____
- Wednesday Time _____
- Thursday Time _____
- Friday Time _____
- Saturday Time _____
- Sunday Time _____

If Seasonal: Indicate months of operation:

If mobile: List events or locations at which you intend to set up/sell:

OWNERSHIP INFORMATION (Select the ownership type and complete the corresponding ownership box in the next section)

- SOLE PROPRIETOR
- PARTNERSHIP
- CORPORATION
- NON-PROFIT ORGANIZATION
- LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)
- SCHOOL (K-12)
- GOVERNMENT/MUNICIPALITY

Please complete only the section that applies to your type of ownership structure:

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	Title of Signatory
Name of Corporate Official	Signature of Corporate Official

Non-Profit Organization

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

Limited Liability Company (LLC)

Name of LLC	Email
Address City State Zip	Officer Name
Phone	Officer Title
Alternate or Cell Phone	Signature
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

Please list Additional Partners on a separate sheet of paper.

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

Person-in-Charge On-Site at the Food Establishment (attach additional contacts if needed)

Name _____ Title _____

Phone _____ Cell Phone _____ E-Mail Address _____

Emergency Contact

Name _____ Title _____

Phone _____ Cell Phone _____ E-Mail Address _____

PLEASE CONTINUE TO THE LAST PAGE IF YOU ARE NOT APPLYING FOR A MOBILE LICENSE

PLEASE COMPLETE THE SECTION BELOW ONLY IF YOU ARE APPLYING FOR A MOBILE FOOD UNIT LICENSE

Mobile Food Unit Applicants: Please verify that all information is accurate and sign where required, **you may copy this page and include it with this application form for each unit owned provided the Home Base address is the same for all units.**

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 or stored when not in operation)

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 your licensed food establishment/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 and enter address here)

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.

I understand all food service operations must be conducted inside the mobile food unit with the exception of grills and smokers.

I understand that all food storage, food preparation, and dish washing must be done in the mobile unit or in a licensed food establishment

I understand that a copy of the unit license and the most recent inspection report must be posted in the unit in a conspicuous location at all times.

I understand that I must check with City and County government agencies to whether additional vendor permits are required.

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

Signature _____

Printed name of Signatory _____

LICENSE FEES- All applicants must select the appropriate license type and fee. Please refer to page 3-4 of this application to ensure that license types match.

Pay from the appropriate Fee Schedule based on the following: If this food establishment is a New Food Establishment, or Other as described on page 3 of this application, you must pay the maximum fee indicated in the box that is applicable to the licenses that you are applying for. If this food establishment is a Change In Ownership as described on page 3, the fee may be set based on the gross sales of the previous owner if there has been no significant change in menu, food service style, or operation (such as hours) AND the previous owner has operated the business within the past 3 months. Proof of the previous owner’s gross sales for the previous 12 months must accompany this application, otherwise the maximum fee must be paid.

Food Service Establishment - Examples include restaurants, bars or taverns, take-out food, catering commissary, concession stands, etc. License fees are based on annual gross sales of “food service sales” which are taxable food or beverage sales **and/or** prepared food or beverages sold for individual portion service intended for consumption on the premises, including alcoholic beverages, and may include up to \$20,000 in retail sales. Select the appropriate fee:

- \$0** - Schools
- \$150** - Annual gross sales of \$1 to \$100,000
- \$300** - Annual gross sales of \$100,001 to \$500,000
- \$400** - Annual gross sales of \$500,001 +

OR:

Retail Food Establishment - Examples include grocery and convenience stores without prepared foods, bakeries without seating, etc. License fees are based on annual gross sales of non-taxable food or food products and beverages to consumer customers intended for preparation or consumption off the premises. Select the appropriate fee:

- \$150** - Annual gross sales of \$1 to \$250,000
- \$300** - Annual gross sales of \$250,001 to \$750,000
- \$400** - Annual gross sales of \$750,001 +

OR:

Both Food Service and Retail Food (required for establishments with “food service sales” and more than \$20,000 per year in “retail sales”). Examples include grocery and convenience stores that prepare food, bakery with a sit-down coffee shop, etc. To determine the amount owed, select your dominant form of business above (Food Service Establishment or Retail Food Establishment) and select the corresponding fee (for new establishments or if proof of sales is not provided for change of ownership, this fee will be \$400). Then add \$150 (below) for the secondary license.

- \$150** for the secondary form of business (ensure Food Service or Retail Food Establishment Fee box is checked above)

OR:

\$250 Mobile Food Unit – Examples include food trucks and push carts. Must also select Food Service Establishment above if you have a commissary at the same physical address. If you have a commissary at a different location an additional application is required for that location.

Submit Payment to: Siouxland District Health Department
 Division of Environmental Health
 1014 Nebraska Street
 Sioux City, IA 51105-1435

For Office Use Only Below This Line

Check #	Date Received	Amount Received
Check Name	Penalty Amount	Amount Due