

Lee County Health Department

2218 Avenue H
Fort Madison, IA 52627

Dear Applicant:

Enclosed is an application for obtaining a food establishment license from the Lee County Health Department. 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 Lee County Health Department. **INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.**

- **New Food Establishment:** 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; 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.
- **Change of Ownership:** Once applications and other required documents are received, the food establishment will be contacted by the Lee County Health Department to determine if an inspection is required prior to opening.

MAILING ADDRESS: Lee County Health Department
2218 Avenue H
Fort Madison, IA 52627

Phone Number: (319) 372-5225 or (800) 458-6672

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
 - Procedures for clean-up of bodily fluids (all establishments) Iowa Food Code Section 2-501.11
 - Employee illness reporting policy (all establishments) 2-103.11

Date of Application: _____ Anticipated Date of Opening or Ownership Change: _____

PHYSICAL LOCATION INFORMATION (Please print)

NAME OF FOOD ESTABLISHMENT: _____

ADDRESS OF FOOD ESTABLISHMENT:

Address and Suite # City State Zip Code

County

Email address () Cell Phone or Alternate Phone Number

() _____
Phone Number Fax Number

MAILING ADDRESS (If Other Than Above): All licensing and regulatory correspondence will be sent to this address

Name Address and Suite # City/State Zip Code

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 sales)
- Retail Food Establishment (“Retail sales” are non-taxable food or beverages sold for off premises consumption)
- Both Food Service and Retail Food (needed if establishment has “food service sales” and more than \$20,000 per year in “retail sales”).
- Mobile Food Unit – also select Food Service if you have a separate commissary

All applicants must select one of the following: New Food Establishment, Change of Ownership or Other

- New Food Establishment** (New food establishment must complete the Facility Floor Plan & Equipment Schedule section of the application)
 - 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. List name of previous owner _____
 - 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. List name of previous owner _____
- Change of Ownership**
A currently operating food business that will have new ownership but generally the same menu type and food service style and the facility has been actively licensed and has been operational within the last 3 months. List name of previous owner _____
- Other, Describe** _____

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 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"/> 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 (pre-packaged) | |

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
_____ |

MENU INFORMATION

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 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 prepackaged food 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 & EQUIPMENT SCHEDULE

ALL "NEW FACILITIES" AS DESCRIBED IN THE FACILITY TYPE SECTION MUST ATTACH FACILITY PLANS AND SIGN

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 need only submit to submit a floor plan and the list of equipment for the specific area(s) of the food establishment that are affected by the remodel.***

***The appropriate floor plan AND equipment list are attached to this application.**

Applicant Signature _____

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: 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.
- 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/trash 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)

- | | | | |
|------------------------------------|------------|-----------------------------------|------------|
| <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: List events or locations at which you intend to set up/sell:

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

- | | |
|--|---|
| <input type="checkbox"/> SOLE PROPRIETOR | <input type="checkbox"/> LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP) |
| <input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> SCHOOL(K-12) |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> GOVERNMENT/MUNICIPALITY |
| <input type="checkbox"/> NON-PROFIT ORGANIZATION | |

RESPONSIBLE OFFICIAL AT THE FOOD ESTABLISHMENT

NAME _____ TITLE _____

PHONE () _____ CELL PHONE () _____ E-MAIL ADDRESS _____

SECONDARY OFFICIAL AT THE FOOD ESTABLISHMENT

NAME _____ TITLE _____

PHONE () _____ CELL PHONE () _____ E-MAIL ADDRESS _____

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

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

LICENSE FEE (All applicants must complete)

Pay from the appropriate Fee Schedule based on your sales type and sales volume. *If this food establishment is a New Food Establishment as described on page 3 of this application you must pay the maximum fee. If this food establishment is a Change in Ownership as described on page 3 the fee level is set based on the gross sales of the previous owner. Proof of the previous ownership's sales must accompany this application otherwise; the maximum fee must be paid.*

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

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

<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

<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

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

Submit payment to: **Lee County Health Department**
2218 Avenue H
Fort Madison, IA 52627

Phone Number: (319) 372-5225 or (800) 458-6672

FOR OFFICE USE ONLY

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

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 _____