

Johnson County Public Health

855 S Dubuque St Suite 217
 Iowa City IA 52240
 (319) 356-6040

Dear Applicant:

Enclosed is an application for obtaining a food establishment license from Johnson County 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 Johnson County Public Health. **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: **Johnson County Public Health**
855 S Dubuque St Suite 217
Iowa City IA 52240

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

- A fully completed Food Establishment License Application
- A copy of your intended menu
- Description of how menu items are prepared: Ex. From scratch, frozen reheated, pre-prepared chilled, reheated and held, etc.
- 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
 - o HACCP plans (if required) Iowa Food Code section 8-201.13
 - o Procedures for clean-up of bodily fluids (all establishments) Iowa Food Code Section 2-501.11
 - o Employee illness reporting policy (all establishments) 2-103.11

FOR OFFICE USE ONLY
Check # _____
Penalty _____
Check Amount _____

**JOHNSON COUNTY PUBLIC HEALTH
FOOD ESTABLISHMENT LICENSE APPLICATION**

SECTION 1: COMPLETE THIS SECTION AND MOVE TO SECTION 2

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.

Previous Owner and Business Name _____

Other, Describe _____

PART C:

Anticipated Opening Date _____

SECTION 2: COMPLETE AND MOVE TO SECTION 3 (MUST BE FULLY COMPLETED)

PHYSICAL LOCATION INFORMATION

NAME OF FOOD ESTABLISHMENT: _____

ADDRESS OF FOOD ESTABLISHMENT:

Street Number and Name City State Zip Code

County

() _____
Phone Number

() _____
Fax Number

Email Address

() _____
Cell Number or Alternate Phone Number

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

Name Street Address City/State Zip Code

PROPRIETOR/OWNER TYPE:

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

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 _____

PLEASE FILL IN DETAILED INFORMATION ON OWNERSHIP IN SECTION 5 OF THIS APPLICATION.

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
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 | |

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**

Description of how menu items are prepared: _____

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

Anticipated number of deliveries per week _____

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

Maximum number of: Kitchen staff per shift _____ Grill area staff per shift _____ Serving staff per shift _____

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: _____
Phone ()	Fax ()		
			Signature

Partnership

General Partner#1

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

General Partner#2

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

Corporation

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

Non-Profit Organization

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

Limited Liability Company (LLC)

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

Limited Liability Partnership (LLP)

Member #1

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

Member#2

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

SECTION 6: ALL APPLICANTS READ AND COMPLETE

Pay from the appropriate Fee Schedule based on your sales type.

If this food establishment is a New Food Establishment as described on page 2 of this application you must pay the maximum fee as of July 1, 2014. If this food establishment is a Change in Ownership as described on page 2 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. If this information is not available to you contact the office for the fee amount.

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

<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 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"/> \$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 Retail Sales** (retail Sales of more than \$20,000) must pay **both** fees below

<u>Retail Sales License Fee Schedule</u>	
<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	

<u>Food Service Sales License Fee Schedule</u>	
<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	

Add the fee from the Retail and Food Service boxes above (one check is acceptable). Total Fee \$ _____

- Mobile Food Unit Sales \$27.00**

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.

All Applicants Must Sign Below

I verify all of the information contained in the application is accurate.
Signature _____ Date _____
Printed name of Signatory _____