

RAGBRAI® 2012 – Marshalltown
Wednesday, July 25
Application Form for Food Vendors

General Information:

Vendor's Name: _____
Contact Person's Name: _____
Address: _____

Phone Number: (H) _____ (W) _____
Email Address: _____
Tax I.D. Number: _____ Non Profit _____ For Profit _____

List Menu and Prices (or attach listing to this form):

Set Up: 8:00 am – 2:00 pm

Hours of Operation: 2:00 pm – 11:00 pm

State Inspections: 10:00 am – Noon

Power Needs:

YOU MUST FILL OUT A POWER REQUIREMENT FORM.
THERE IS LIMITED ELECTRICAL POWER AVAILABLE.

Other Needs: (water, etc.)

Vending Space:

Vending Stall will be 25' x 25'
Vending Stall Fee: Non Profit - \$350 _____ For Profit - \$600 _____
Please fill in what classification of vendor and how many stalls needed.

The following items must accompany this application form:

1. Check for total vending fee (fee includes costs for water and electricity)
2. Proof of Liability Insurance
3. Completed Power Requirements Form
4. Drawing of booth layout

PLEASE RETURN BY JUNE 1, 2012

Mail to: Kevin Hitchins
PO Box 776
Marshalltown, Iowa 50158

Questions: Email Kevin Hitchins at kevin@gsbhlaw.com or Amy Pieper at apieper@iastate.edu

Make Check Payable to: Marshalltown RAGBRAI

Electrical Service Request

Please return this form by June 1 or no electrical service will be made available or allowed. All requests are limited to 120 volt, 20 amp (regular household duplex receptacles), unless specifically requested and approved. Electrical power is very limited so please consider cooking with propane or charcoal. Please understand that we may have to place a restriction on how much power is available upon receiving the total loads.

Contact Name: _____ Phone Number: _____
 Committee Name: _____
 Vendor Name: _____
 Location: Courthouse _____ Other _____

Please be specific about the following 120 volt electrical loads:

<u>*Items</u>	<u>Quantity</u>	x	<u>Wattage (VA)</u>	+	<u>Total VA</u>
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____

_____ Approximate # of 120 volt, 20 amp receptacles Total VA _____

Examples: Most appliances are rated in wattage. If not, multiply the voltage times the amperage. (V times A)
 A 120 volt roaster at 10 amps = 1,200 VA. Also, VA equals watts, (6) 100 watt lamps = 600 watts or 600 VA

***Special requests:**
 For vendors with loads "other than" 120 volt, 20 amp. Example: 240 volt, 50 amp (Be specific)
 Note: vendor with "special request" may need to be located closer to the power source. Possibly off street.

Please contact Pat Beurskens with any questions, Office: 641-754-5879

Committee use only

IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT LICENSE

TEMPORARY LICENSE VALID 14 DAYS IN CONJUNCTION WITH A SINGLE EVENT AT A SINGLE LOCATION.

NAME OF EVENT _____ **LOCATION OF EVENT** _____

CITY OF EVENT _____ **ZIP CODE** _____ **COUNTY OF EVENT** _____

DATE OF EVENT: From _____ **TO** _____ **TIME** _____

NAME OF BUSINESS _____

NAME OF CONTACT PERSON (*NOTE: must be the individual in charge of or supervising this temporary food establishment*) _____

MAILING ADDRESS (This is where the license will be sent)

TELEPHONE NUMBER daytime _____ Evening _____

WHAT DATE AND TIME WILL YOU BE SET UP AND READY FOR INSPECTION? _____

PLEASE COMPLETE THE CHART BELOW (Use additional paper if needed).

ALL FOOD ITEMS	FOOD SOURCE	LOCATION WHERE FOOD WILL BE PREPARED	DATE & TIME OF FOOD PREPARATION
EXAMPLE: Hamburgers	Smith's Market	On Site	7/15/04 11:00 a.m.

FOOD FOR THIS EVENT CANNOT BE PREPARED IN AN UNLICENSED KITCHEN

PLEASE CHECK ONE

Description of Stand/Unit: () Trailer () Truck () Pushcart () Other

Type of Overhead Protection: () Canvas () Wood () Metal () Other

Sides Fully Enclosed: () Yes () No

Running Water: () Yes () No () Hot () Cold

PLEASE FILL OUT REVERSE SIDE OF APPLICATION

DO YOU HAVE THE FOLLOWING?

SANITIZER – YES _____ NO _____ (LIST TYPE) _____

TEST STRIPS FOR SANITIZER - YES _____ NO _____

DISPOSABLE GLOVES FOR READY TO EAT FOODS - YES _____ NO _____

THERMOMETERS - YES _____ NO _____

What type of hand washing facilities will you be providing and how are you providing hot water?

How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 135°F (HOT) or below 41°F (COLD)?

Fee \$33.50

Signature of Owner/Operator _____ Date _____

MAKE CHECKS PAYABLE TO AND RETURN TO THE FOLLOWING ADDRESS:

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
FOOD AND CONSUMER SAFETY BUREAU
LUCAS STATE OFFICE BUILDING, 3RD FLOOR
DES MOINES, IOWA 50319

For Official Use Only

Amt _____ Ck # _____ Ck Date _____