



# TEMPORARY FOOD APPLICATION

## City of Moline

Please submit this Application to the City of Moline Finance Office: 1630 8th Ave, Moline, IL 61265

### Vendor Information

Name of Food Operation: \_\_\_\_\_

Person In Charge: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Onsite Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Event Information

Name of Event: \_\_\_\_\_ Date(s): \_\_\_\_\_

Location of Event: \_\_\_\_\_

Time(s) of Operation: \_\_\_\_\_ Inspection Date/Time: \_\_\_\_\_

- Type of Service:     Tent                       Stand  
                                   Trailer                       Mobile Unit

### Fees

Both the application and payment **MUST** be received no less than five (5) business days prior to the event. Applications received after that time may not be accepted. Fees for the accepted applications are non-refundable and non-transferable.

- |  |      |   |      |
|--|------|---|------|
| <input type="checkbox"/> 1 Day Event               | \$35 | <input type="checkbox"/> 2-15 Day Event       | \$70 |
| <input type="checkbox"/> 1 Day (Pre-packaged Only) | \$25 | <input type="checkbox"/> Fundraiser/Bake Sale | \$0  |

### Food Preparation:

- Will any of the food preparation take place off-site?     Yes             No
- Name and address of off-site location: \_\_\_\_\_
- Will time only as a control be used instead of proper hot and cold holding?     Yes             No

**\*If Yes, Written procedures shall be submitted with this application and the food item must be labeled properly.**

**Please complete the back of the application:**

**Menu:**

FOOD ITEM	SERVED		MADE TO ORDER		OFF-SITE PREP		ON-SITE PREP		PREPARATION METHOD DESCRIBED
	Hot	Cold	Yes	No	Yes	No	Yes	No	
Example: Hot Dogs	X			X		X	X		Cooked on Grill, placed into bun using tongs, wrapped in foil and placed in a hot hold roaster.

**Initial next to the statements below, indicating that you understand and will abide by them.**

<input type="checkbox"/>	I will prepare items on-site or at a licensed food facility.
<input type="checkbox"/>	I will provide a handwashing station with water, soap, paper towels, and a waste receptacle.
<input type="checkbox"/>	I will ensure all Time/Temperature Controlled for Safety Foods (TCS) are cold held at 41°F or below at all times, including transportation.
<input type="checkbox"/>	I will ensure all TCS foods are hot held at 135°F or above at all times, including transportation.
<input type="checkbox"/>	I will have and use a thermometer to check temperatures.
<input type="checkbox"/>	I will have sanitizer and sanitizer test strips to ensure proper concentration.
<input type="checkbox"/>	I will ensure all food and single use items are elevated at least 6 inches off the ground.
<input type="checkbox"/>	I will use water from an approved source or commercially bottled.
<input type="checkbox"/>	I understand that this application is to be submitted, with fees, at least five (5) days prior to the event or be subject to a late fee penalty.

This application hereby states that the applicant is familiar with the provisions of the Moline Food Sanitation Regulations and will operate this food service facility in compliance with said provisions at all times. Applicant's failure to comply will result in the food service facility being closed until all violations have been corrected.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_