

Iowa Department of Inspections and Appeals
Food & Consumer Safety Bureau
Lucas State Office Building
321 East 12th Street
Des Moines, IA 50319-0083

Dear Applicant:

Enclosed is an application for obtaining a **Food Processing Plant License** from the Iowa Department of Inspections and Appeals (DIA). 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 completed and returned with all necessary documents to the Department. Incomplete applications will be returned without review. Once application and other required documents are processed, the Department will review the materials and provide the applicant with the assigned inspector's contact information via email or postal mail. The applicant is responsible for contacting the inspector to schedule a pre-operational inspection upon receipt of notification instructions.

Mailing Address: Iowa Department of Inspections and Appeals
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www.food.iowa.gov

Application Checklist:

- A fully completed Food Processing Plant Application
- Water test, if applicable
- Appropriate Fee (Check, Money Order, or Cash)
- Copies of product labels (if available at time of application)
- Narrative description of process (optional)

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

PHYSICAL LOCATION INFORMATION

NAME OF FOOD PROCESSING PLANT(dba): _____

ADDRESS OF FOOD PROCESSING PLANT (physical location):

Address and suite # City State Zip Code

County

Email address ()
Cell Phone or Alternate Phone Number

() Business 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

- New Food Processing Plant
- Change of Ownership
A currently operating food facility that will have new ownership but generally the same type of processing, if the facility has been actively licensed and has been operational within the last three (3) months. If not, select New Food Processing Plant above. Previous Owner name: _____.
- Other (please describe) _____
(Please indicate here if this will be a shared facility)

License Type: Food Processing Plant/Warehouse

This facility is a (select one or both for finished goods you produce or store):

- | Food Manufacturing Facility
(select all that apply) | Food Storage Facility/Warehouse
(select all that apply) |
|--|--|
| <input type="checkbox"/> Acidified Foods | <input type="checkbox"/> Dry Storage |
| <input type="checkbox"/> Low-Acid Canned Foods | <input type="checkbox"/> Refrigerated Storage |
| <input type="checkbox"/> Juice | <input type="checkbox"/> Frozen Storage |
| <input type="checkbox"/> Fish and Fishery Products | <input type="checkbox"/> Repackaging/Relabeling |
| <input type="checkbox"/> Ice Manufacturing | <input type="checkbox"/> Storage of fish or fishery products |
| <input type="checkbox"/> Bottled Water | |
| <input type="checkbox"/> Rabbit and Other Non-Amenable Meat
Species Not Subject to USDA or IDALS
Regulatory/Voluntary Inspection Program | |
| <input type="checkbox"/> Infant Formulas | |
| <input type="checkbox"/> Egg Products | |
| <input type="checkbox"/> Other Food Products (Good
Manufacturing Practices Covered
Products) | |
| <input type="checkbox"/> Dietary Supplements | |

This facility manufacturers or stores the following types of products (select all that apply for **finished goods**):

<input type="checkbox"/>	Whole Grains, Milled Grain, Products and Starch Bakery Products, Doughs, Bakery Mixes, and Icings
<input type="checkbox"/>	Macaroni and Noodle Products
<input type="checkbox"/>	Cereal Preparations, Breakfast Foods
<input type="checkbox"/>	Snack Food Items (Flour, Meal, or Vegetable Base)
<input type="checkbox"/>	Milk, Butter, and Dried Milk Products
<input type="checkbox"/>	Cheese and Cheese Products
<input type="checkbox"/>	Filled Milk and Imitation Milk Products
<input type="checkbox"/>	Egg Products, Fishery/Seafood Products, Meat/Meat Products, and Poultry
<input type="checkbox"/>	Vegetable Protein Products (Simulated Meats), Fruits and Fruit Products
<input type="checkbox"/>	Nuts and Edible Seeds
<input type="checkbox"/>	Vegetable and Vegetable Products, Vegetable Oils (including Olive Oil), Dressings, and Condiments
<input type="checkbox"/>	Spices, Flavors, and Salts
<input type="checkbox"/>	Soft Drinks and Waters
<input type="checkbox"/>	Beverage Bases, Coffee, Tea, and Alcoholic Beverages
<input type="checkbox"/>	Candy without Chocolate, Candy Specialties, and Chewing Gum
<input type="checkbox"/>	Chocolate and Cocoa Products
<input type="checkbox"/>	Gelatin, Rennet, Pudding Mixes, and Pie Fillings
<input type="checkbox"/>	Food Sweeteners (Nutritive)
<input type="checkbox"/>	Multiple Food Specialists Dinners, Gravies, Sauces, and Specialties (Total Diet)
<input type="checkbox"/>	Soups
<input type="checkbox"/>	Prepared Salad Products
<input type="checkbox"/>	Baby (Infant and Junior) Food Products, Dietary Conventional Foods, and Meal Replacement
<input type="checkbox"/>	Food Additives – For Human Use
<input type="checkbox"/>	Color Additives
<input type="checkbox"/>	Vitamins, Minerals, Proteins, and Unconventional Dietary Specialties for Human and Animals

DESCRIPTION OF BUSINESS & PRODUCTS YOU PLAN TO MANUFACTURE/STORE/DISTRIBUTE:

Please provide a brief description regarding the scope of your business and the types of foods you plan to manufacture/store/distribute. Please use this space to provide any additional information about your business such as a brief description of the process(es) used (please attach description if additional space is needed).

Employee Information

Anticipated number of employees/volunteers, including owner: _____

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.**

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

- A municipal/public sewage disposal system.
- A non-public sewage disposal system

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) _____

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

- | | | | |
|------------------------------------|------------|-----------------------------------|------------|
| <input type="checkbox"/> Sunday | Time _____ | <input type="checkbox"/> Thursday | Time _____ |
| <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 _____ | | |

If Seasonal Indicate months of operation: _____

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 | |

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: Slip Knot Blvd, Casper Town, IA 76568	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

RESPONSIBLE OFFICIAL AT THE FACILITY

NAME _____ TITLE _____

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

SECONDARY OFFICIAL AT THE FACILITY

NAME Mike Shark TITLE No title

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

EMERGENCY CONTACT

NAME _____ TITLE _____

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

License Fee – all applicants must complete

Pay from the appropriate fee schedule based on your sales type and sales volume. If this processing plant is a new facility as described on page 2 of this application, you must pay the maximum fee. If this food facility is a Change in Ownership as described on page 2, the fee level is based on the gross sales of the previous owner. Proof of the previous owner's sales must accompany this application; otherwise the maximum fee must be paid.

- \$150.00**– Annual gross up to \$200,000
- \$300.00** – Annual gross sales of \$200,000 to \$2,000,000
- \$500.00**– Annual gross sales of \$2,000.001 or more

Submit payment and application to:

**Iowa Department of Inspections and Appeals
Food and Consumer Safety Bureau
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0083**

Phone Number: (515)281-6538

Make Checks payable to: Iowa Department of Inspections and Appeals

FOR OFFICE USE ONLY

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