

**Farmer's Market/Temporary Event Registration Siouxland District Health Department**

Business Name or Individual:

---

Street Address:

---

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:

---

Email:

---

---

Phone Number: \_\_\_\_\_

Are you a licensed food established? If so, please list all the licenses (includes food service, home food processing establishments, mobile unit, annual temporary license, farmer market license?)

---

---

What Farmer Markets do you plan on selling at? When are they?

---

---

---

Please list all items or food products you are planning on selling at the market?

e.g. (whole vegetables, bread products, hamburgers, frozen meat, etc.)

---

---

---

---

---

---

---

---

---

---

---

---

---

Where and when are you going to prepare all of food items?

---

---

---

---

---

---

---

Where are you going to store items before market?

---

---

---

Do any food items require refrigeration?

Yes

No

Please send registration back to:

---

By:

---

Depending on your food items, you may be required to obtain a license from the State of Iowa. After completing this application, an inspector from Siouxland District Health will contact you regarding any additional licensing or information via email or cell. Please provide a working email address and cell phone number.

Inspector for Sioux, Lyon, O'Brien, Osceola County: Miranda Viet 712-260-1646