

Onawa RAGBRAI C/O Onawa Chamber of Commerce 707 Iowa Avenue Onawa, Iowa 51040

Vendor Application (CD) Onawa RAGBRAI® VENDOR APPLICATION

ORGANIZATION: ☐ Pro				Payable to Onav			
ORGANIZATION N		will be applie	u. All ices	die non retun	dabie.		
CONTACT PER	SON						
MAILING ADDI	RESS						
CITY, STATE	, ZIP						
PHON	NE #:		FAX	(#:			
EM	1AIL:		WE	B:			
SALES TAX PERMIT	# OR FED ID	# OR SOCIAL S	ECURITY	#			
PRODUCTS OR SERVICE: Type of item (food, beverage, or prices. If you plan to serve a mean please list prices with and without the many people do you plan to	al, attach a menu, p t wristbands.	orices, and which mo	eals that you p	plan to serve on a se			
low many people do you plan to What day(s) do you plan to serve	??Friday	 Saturda	ау	Friday & Saturday			
		Wristband Price \$ Without \$					
Second Item:	Wri	Wristband Price \$ Without \$ Wristband Price \$ Without \$					
Third Item:	Wri						
ourth Item:	Wri	Wristband Price \$ Without \$					
What hours do you plan to be op-	en?						
Do you need electricity? \square No	☐ Yes <mark>\$1</mark>	00 charge If y	es, how many	v watts?			
f you do not know the power co	nsumption of all yo	ur equipment list th	em below:				
Item	Quantity	Item		Quantity			
Coffee maker (small)		Coffee maker ((large)		<u></u>		
Pop dispenser (watts)		Roasters			<u>—</u>		
Crock pots		Frying Pans					
Other	<u> </u>	Other					
Other		Other			_		
low many sites do you need?	Wil	I you be on your ow	n property?	Yes No			
ist all hazardous materials that v	vill be at your site (gasoline, propane,	cleaning mate	erials, etc.)			
APPLICATIONS ARE DU	JE BY June 1, 201	l8. Total	amount paid	I \$			

Your application cannot be processed unless this form is ENTIRELY filled out, the vendor fee is enclosed, a copy of your proof of liability insurance coverage is enclosed, a copy of your sales tax permit and a copy of your food service license.

Mail all information to: Onawa Chamber of Commerce, 707 Iowa Ave, Onawa, IA 51040.



Onawa RAGBRAI C/O Onawa Chamber of Commerce 707 Iowa Avenue Onawa, Iowa 51040

Onawa Food Vendor Information

Thank you for expressing interest in being a food vendor for RAGBRAI®. This letter is designed to answer some of your questions and assist you in filling out the application. We are very excited about RAGBRAI coming to our community on July 21st. We are expecting between 25,000 – 30,000 RAGBRAI participants to spend the night. It is our job to feed all of the participants! This is not a small job and we need the help of many non-profit organizations and businesses.

FEES: There will be a fee of \$300 for all non-profit organizations and a fee of \$800 for all for-profit businesses that want to be food or non-food vendors. This fee will be required before any organization will be permitted to be a RAGBRAI food vendor. With the payment of this fee, vendors will receive advertising in an information packet handed out to the riders.

LOCATIONS: The beverage garden will be set up downtown Onawa. Food vendors will be set up downtown and at the Monona County Fairgrounds. We want to make it convenient for the participants to find the food. We will work with all of the approved food vendors on selecting the best location. The food vending committee will provide a map of your location.

PRICING: It will be up to each group to set their own prices. Our committee will be happy to assist you in making recommendations on prices. The RAGBRAI officials recommend that a cheaper price be charged to RAGBRAI participants with a wristband and any Onawa citizen wearing a volunteer shirt for food items. All registered RAGBRAI participants will have a wristband. Please list your prices on the application.

FOOD SAFETY: It is required that every food vendor meet the requirements set forth by Shelby County Environmental Health. Visit www.shco.org/Departments/EnvironmentalHealth for information about temporary food stand requirements in the state of lowa.

INSURANCE: All vendors will be required to send in proof of liability insurance with their application.

HOURS: RAGBRAI participants will start arriving Friday night and Saturday morning. We are asking that you allow enough time to set up. We recommend all food vendors be set up by noon on Saturday, July 21st. This will allow enough time for Inspections and be ready to take care of the early participants. RAGBRAI officials recommend that food vendors plan on being open later to meet the needs of the participants. It is your decision on how long you plan to be open for business.

ELECTRICITY: Please list on the application if you will need electricity and how many amps you require. Electricity is an additional \$100 charge.

CLEAN UP: We ask that all food vendors clean up their areas before they leave. Dumpsters will be located throughout the downtown and at the Monona County Fairgrounds. We recommend each food vendor schedule a clean up crew to help clean up their area.

SIGNAGE: The food vendors are responsible for their own signs at their booth. The committee recommends printing neat, easy to read signs including menu items and prices. Vendors are not permitted to use the name RAGBRAI on signs; you will receive an official RAGBRAI vendor sign prior to serving. The committee also recommends each vendor have a sign they can put up if and when they run out of food.

We also recommend that every non-profit and for-profit organization take enough time planning for this event. The groups that plan well and have something creative will do very well. The RAGBRAI officials have told us that most of the participant's plan where they are going to eat the night before they arrive in the next town. So advertising in the hand out can be very beneficial.

There are a number of food suppliers in our community who want to assist you with all of your needs. Please consider purchasing your supplies locally.

The Health and Inspections Division will be monitoring all food vendors. If they find a group or organization set up selling food that has not met the requirements they will be shut down.

The Onawa RAGBRAI® Committee reserves the right to deny any application based on need, space availability and/or vendor interest.

WESTERN IOWA REGIONAL INSPECTIONS 1411 Industrial Parkway Harlan, Iowa 51537

Phone # (712) 755-2609 Fax # (712) 755-2519

APPLICATION TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

A temporary license is valid up to 14 days in conjunction with a single event Penalties will be assessed if application is not submitted prior to the event

TYPE or PRINT IN INK. E	nter N/A where reque	sted in	formation does not apply. Leave NO	BLANK SPACES.		
FOOD ESTABLISHMENT INFORMATION EVE		EVEN	INT INFORMATION			
Name of Owner and Business Name:		Event	Event Name:			
Mailing Address:		Location:				
City/State/Zip Code:		Address:				
Contact Information:		City:				
phone () - cell phone () -						
email		Count	unty: Zip code:			
Type of Organization:		Date(s) of Event:				
□For Profit □ Charitable – Not for Profit		Anticipated Maximum Attendance at Peak Time:				
Hours of Operation:		Event Organizer's Name:				
The state of the s		cell phone () - email				
On-site (Person-in-Charge) Contact:		Event Location:				
Name phone () -		☐ Indoor Event ☐ Outdoor Event*				
cell phone () -		* Event will occur regardless of the weather conditions:				
email		□Y€	es 🗆 No			
Secondary on-site (Person-in-Char	ge) Contact:	Facility Type:				
Name	<i>.</i>		□Booth □Mobile Food Establishment			
Cell phone () -		□Pe	□Permanent Building □Food Cart			
		0				
FOOD INFORMATION: LIST ALL FO	OD/BEVERAGE PROI	DUCTS	THAT WILL BE PREPARED, SOLD O	OR GIVEN AWAY.		
List menu item(s)	Source of food		All preparation done on site	If prepared at another		
(attach list if more space is	(must provide invo	oice or	(including, cutting, seasoning,	location indicate what		
needed)	receipt at the ev	ent)	marinating, cooking, etc.)	preparation will occur**		
Example: Hamburgers	Smíth's Market		Yes No			
			Yes/No			
			Yes/No			
			Yes/No			
			Yes/No			
			Yes/No			
*For food items that will be prepa	red at another locat	ion, pr	ovide the following information:			
Food Establishment Name			Name of Permit Holder			
Address and City		Lic	License #			
Date and Time of preparation		Co	Contact phone number			

TEMPORARY FOOD ESTABLISHMENT REQUIR	EMENTS		
Booth Construction			
Overhead Covering			
Walls □Screens □Concrete □Wood Other:			
Booth supplied by: □Food Stand Operator □Event Organ	nizer		
Utensils and Equipment (check all that apply)	Handwashing Facilities		
☐Single-serve eating and drinking utensils	Provided by : □Event Coordinator □Food Stand Operator		
☐Multi-use kitchen utensils	Type of handwashing facility: (must be located <u>in</u> all food		
Type of Utensil Washing Setup:	preparation and handling areas)		
☐Three basin set-up	☐Gravity-fed water with spigot/bucket		
☐Shared three compartment sink	Self-contained portable unit		
Three compartment sink within a food establishment	☐Plumbed with hot and cold water under pressure		
_N/A	□N/A (only prepackaged foods are sold)		
Sanitizer to be used: Chlorine Quaternary Ammonia	Hand Soap, single-use towels, and trash receptacle must be		
□lodine □Other	provided at all handwashing stations.		
Test strips provided □Yes □No	Disposable gloves provided □Yes □No		
Food Storage or Display Equipment	Water Supply		
List all equipment used for food storage and display:	Provided by: Event Coordinator Food Stand Operator		
Hot:	Source of water Public = *Private well		
Cold:	*If private, test results must be provided with the application		
Dry:	or at the time of the inspection.		
Condiments:	Method of providing hot water:		
Thermometers:			
□Refrigeration/Cold Storage	Toilet Facilities for Food Employees		
□Cooking/hot food storage(indicate type):	_ Provided by : □Event Coordinator □Food Stand Operator		
Cooking Equipment	Electrical Supply:		
Identify all cooking equipment that will be used:	☐ Generator ☐ Power hook up ☐ Other		
	□No Power □Lighting available		
Food Transportation	Refuse Removal		
Identify how food will be transported to event:	Describe how refuse will be disposed of:		
Food Employees/Volunteers	Liquid Waste Removal		
Certified Food Manager available □Yes □No	Describe how liquid waste will be disposed of:		
Name: Certificate available \(\text{Yes} \) \(\text{No} \)			
# of food employees/volunteers:	Frequency of liquid waste removal: times per day		
Person responsible for maintaining log book	_		
A temporary food establishment license will not be issued u	nless this application meets all applicable requirements		
ound in the Iowa Food Code as summarized in the Tempora	ary Food Establishment Rules and the regulatory authority has		
approved the license. Non-compliance may result in closure	• •		
icense Fee: \$33.50 Submit payment to: Western lov	va Regional Inspections		
1411 Industr	-		
Harlan, Iowa			
Phone # (71)	2) 755-2609 Fax # (712)755-2519		
Applicants Name (Print):Applic	ants Signature:		
DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE U			
Check # Date Received	Amount Received		

Penalty amount

Amount Due

Check Name

Sketch below the general layout of the Temporary Food Establishment indicating the location of the following:	
 Location of cooking and holding equipment Location of handwashing and utensil washing facilities Location of trash disposal containers Location of work tables, food and single-service storage Location of condiments 	