



Department of Inspections, Appeals, & Licensing

Iowa Department of Inspections, Appeals, and Licensing (DIAL)
Food Safety Bureau
6200 Park Ave, Suite 100
Des Moines, IA 50321-1270

Dear Applicant:

This is an application for a Food Processing Plant/Food Storage Warehouse License from the Iowa Department of Inspections, Appeals, and Licensing (DIAL). Completed applications and supporting documents must be submitted at least 30 days prior to the anticipated opening/start-up date.

The application must be completed and returned with all necessary documents to the Department. Incomplete applications will be returned without review. Once the application and other required documents are processed, the Department will review the submitted documents 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. A pre-operational inspection is necessary to ensure the license can be approved and issued. Iowa law (Chapter 137F.4) prohibits a food establishment or food processing plant/food storage warehouse facility from opening, or operating, until a license has first been obtained from the appropriate regulatory authority. An individual or business which opens or operates a food processing plant/food storage warehouse without a license is subject to a penalty of up to twice the amount of the annual license fee (Chapter 137F.9).

Mailing Address for completed applications:

Iowa Department of Inspections, Appeals, & Licensing
Food Safety Bureau
6200 Park Ave, Suite 100
Des Moines, IA 50321-1270

IA DIAL Website: <https://dial.iowa.gov/>

Application Checklist:

- Fully completed Food Processing Plant/Food Storage Warehouse License Application
- Water test results (if using private well or other non-municipal water source for operations)
- Appropriate fees (Check, Money Order, Cash)
- Copies of finished product label(s) (if available at time of application)
- Narrative description of process (optional)

Date of Application:

Anticipated date of opening or ownership change:

Application Reason:

- ☐ New Food Processing Plant/Food Storage Warehouse
- ☐ Change of Ownership: A current operating food processing plant/food storage warehouse which will have new ownership, but generally the same type of processing/storage operations, if the facility has been actively licensed and has been operational within the last three (3) months. If not, select New Food Processing Plant/Food Storage Warehouse type above.

Previous Owner Name:

- ☐ Other (please describe):
- ☐ Shared facility – Please check this box if this facility will be shared with another operator, regardless of the application reason.

PHYSICAL LOCATION INFORMATION:

Legal business name of the food processing plant/food storage warehouse:

Alias or Doing-Business-As (DBA) Name:

PHYSICAL ADDRESS OF FOOD PROCESSING PLANT/FOOD STORAGE WAREHOUSE:

Address and suite or unit #:

City:

State: IA

Zip Code:

County:

**Business Phone
Number:**

Fax Number:

Cell Phone or Alternate Phone Number:

Email Address:

Mailing Address (If Other Than Above): All licensing and regulatory correspondence will be sent to this address.

Name:

Address and Suite or Unit #:

City:

State:

Zip Code:

Facility Type: Food Processing Plant / Food Storage Warehouse

Select from one or more of the options below which describes your operation type. Selections should be based upon the types of finished goods your business intends to manufacture/store. Warehouse selections should be used for those facilities which are not food manufacturers, but operations which primarily engage in the storage of human foods, food ingredients, and/or dietary supplements and ingredients.

Food Manufacturing Facility Types**(Select all that apply)**

Acidified Foods
Bottled Water
Consumable Hemp Products
Dietary Supplements
Egg Products
Fermented Food (e.g. sauerkraut, etc.)
Fish and/or Fishery Products
Ice Manufacturing
Infant Formulas
Juice (fruit or vegetable)
Low-Acid Canned Foods
Other conventional food products (GMPs)
Rabbit and Other Non-ameanable Meat
Species Not Subject to USDA or IDALS
Regulatory/Voluntary Inspection Program
Smoked/Cured Foods

Food Storage Facility / Warehouse Types**(Select all that apply)**

Dry Storage (ambient temperature)
Refrigerated Storage
Frozen Storage
Repackaging/Relabeling
Fish or fishery products storage
Dietary Supplement storage (hold, repack, or relabel)
Consumable Hemp Products

Commodity Types: This facility manufactures or stores the following types of finished human foods/ingredients (select all that apply)

<input type="checkbox"/>	Baby (Infant and Junior) Food Products, Dietary Conventional Foods, or Meal Replacements	<input type="checkbox"/>	Fruits and Fruit Products
<input type="checkbox"/>	Bakery products, doughs, bakery mixes, and icings	<input type="checkbox"/>	Gelatin, Rennet, Pudding Mixes, and Pie Fillings
<input type="checkbox"/>	Beverage Bases, Coffee, Tea, or Alcoholic Beverages	<input type="checkbox"/>	Ice Cream and Related Products
<input type="checkbox"/>	By-products for Animal Food	<input type="checkbox"/>	Macaroni and Noodle Products
<input type="checkbox"/>	Candy without Chocolate, Candy Specialties, and Gum	<input type="checkbox"/>	Milk, Butter, and Dried Milk Products
<input type="checkbox"/>	Cereal Preparations, Breakfast Foods	<input type="checkbox"/>	Meat/Meat Products, and Poultry
<input type="checkbox"/>	Cheese and Cheese Products	<input type="checkbox"/>	Multi-Food Specialty Dinners, Gravies, Sauces, and Specialties (Total Diet)
<input type="checkbox"/>	Chocolate and Cocoa Products	<input type="checkbox"/>	Nuts and Edible Seeds
<input type="checkbox"/>	Color Additives	<input type="checkbox"/>	Prepared Salad Products
<input type="checkbox"/>	Dietary Supplements	<input type="checkbox"/>	Snack Food Items (Flour, Meal, or Vegetable Base)
<input type="checkbox"/>	Dressings and Condiments	<input type="checkbox"/>	Soft Drinks, Water, Ice
<input type="checkbox"/>	Edible Insects and Insect-Derived Foods	<input type="checkbox"/>	Soups
<input type="checkbox"/>	Egg Products	<input type="checkbox"/>	Spices, Flavors, and Salts
<input type="checkbox"/>	Filled Milk and Imitation Milk Products	<input type="checkbox"/>	Vegetable and Vegetable Products
<input type="checkbox"/>	Fish/Fishery/Seafood Products	<input type="checkbox"/>	Vegetable Oils (includes Olive Oil)
<input type="checkbox"/>	Food Additives (For Human Use)	<input type="checkbox"/>	Vitamins, Minerals, Proteins, and Unconventional Dietary Specialties for Human and Animals
<input type="checkbox"/>	Food Sweeteners (Nutritive)	<input type="checkbox"/>	Whole Grains, Milled Grains, Products and Starch

DESCRIPTION OF BUSINESS OPERATIONS & 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:

EMPLOYEE INFORMATION:

Anticipated number of employees/volunteers, including owner(s):

WATER, SEWER, & WASTE COLLECTION INFORMATION:

Water: The facility is using: (check applicable box)

- ☐ A public or municipal water supply (i.e. City or Rural Water)
- ☐ A non-public / non-municipal / private water supply

Sewer: The facility is using: (check applicable box)

- ☐ A municipal/public sewage disposal system:
- ☐ A non-public sewage disposal system (i.e. septic system, etc.)

Refuse/Waste Collection: (check applicable boxes & complete fully)

- ☐ The 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 for business)

Day	Open	Closed	Hours of Operation	Appointment Only
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

If seasonal business indicate months of operation:

OWNERSHIP INFORMATION: (Select the ownership type and complete the corresponding ownership box)

- ☐ SOLE PROPRIETOR
- ☐ LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)
- ☐ PARTNERSHIP
- ☐ SCHOOL (K-12)
- ☐ COPORATION
- ☐ GOVERNMENT/MUNICIPALITY
- ☐ NON-PROFIT ORGANIZATION

Sole Proprietor

First Name		Last Name	
Address	City	State	Zip Code
Business Phone:		Alternate or Cell Phone:	
Fax Number:		Email:	
Signature:			

Partnership

General Partner #1

First Name		Last Name	
Address	City	State	Zip Code
Business Phone:		Alternate or Cell Phone:	
Fax Number:		Email:	
Signature:			

General Partner #2

First Name		Last Name	
Address	City	State	Zip Code
Business Phone:		Alternate or Cell Phone:	
Fax Number:		Email:	
Signature:			

Corporation

Corporation Name			
Address	City	State	Zip Code
Business Phone Number:		Fax Number:	
Alternate or Cell Number:		Email:	
President/CEO		Name of Corporate Official:	
Signature of Corporate Official		Official Title of Signatory	

Non-Profit Organization

Non-Profit Organization Name:			
Address	City	State	Zip Code
Business Phone Number:		Fax Number:	
Alternate or Cell Number:		Email:	
Organization President:		Name of Organization Official	
Signature of Organization Official:		Official Title of Signatory	

Limited Liability Company (LLC)

Name of LLC			
Address	City	State	Zip Code
Business Phone Number:		Fax Number:	
Alternate or Cell Number:		Email:	
Name of President:			
Signature of Official:		Official Title of Signatory	

Limited Liability Partnership (LLP)

Member #1

First Name		Last Name	
Address	City	State	Zip Code
Business Phone:		Alternate or Cell Phone:	
Fax Number:		Email:	
Signature:			

Member #2

First Name		Last Name	
Address	City	State	Zip Code
Business Phone:		Alternate or Cell Phone:	
Fax Number:		Email:	
Signature:			

Government/Municipality

Name of Agency			
Address	City	State	Zip Code
Business Phone Number:		Fax Number:	
Alternate or Cell Number:		Email:	
Agency Official's Name:		Agency Official's Title:	
Signature of Official:			

School (K-12)

Name of School District			
Address	City	State	Zip Code
Business Phone Number:		Fax Number:	
Alternate or Cell Number:		Email:	
Name of Superintendent		Name of Signatory:	
Signature of Official:		Official Title of Signatory:	

RESPONSIBLE OFFICIAL AT THE FACILITY

Name		Title	
Phone Number:		Cell Phone:	
Email Address:			

SECONDARY OFFICIAL AT THE FACILITY

Name		Title	
Phone Number:		Cell Phone:	
Email Address:			

EMERGENCY CONTACT

Name		Title	
Phone Number:		Cell Phone:	
Email Address:			

License Fee – All applicants must complete this section

Pay from the appropriate fee schedule based on the food processing plants projected annual gross food and beverage sales, excluding sales of unprocessed commodities. The annual license fee for an initial license shall be calculated based on the food processing plant's projected gross annual sales. Attach documentation supporting projected and/or actual annual gross sales.

- ☐ \$75.00 – Annual gross sales less than \$50,000
- ☐ \$150.00 – Annual gross sales from \$50,000 to \$199,999
- ☐ \$300.00 – Annual gross sales from \$200,000 to \$1,999,999
- ☐ \$500.00 – Annual gross sales of \$2,000,000 or more

Submit payment and application to:

**Iowa Department of Inspections, Appeals, & Licensing
Food Safety Bureau
6200 Park Ave, Suite 100
Des Moines, IA 50321-1270**

Phone: (515) 725-5342
E-mail: fcs-licensing@dia.iowa.gov

Make checks payable to: Iowa Department of Inspections, Appeals, and Licensing

FOR OFFICIAL USE ONLY

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