



Public Health

Idaho North Central District

215 10th Street
Lewiston, ID 83501
799-3100

333 E Palouse River Dr
Moscow, ID 83843
882-7506

903 West Main Street
Grangeville, ID 83530
983-2842

105 115th Street
Orfino, ID 83544
476-7850

132 N Hill Street
P O Box 277
Kamiah, ID 83536
935-2124

FOOD PERMIT APPLICATION

Business Name: _____ Business Phone # _____

Business Street Address: _____
(City) (State) (Zip)

Email address (quick communication on food issues): _____

Name and Address where permits, receipts, etc. are to be mailed:

Name: _____

Address: _____

Owner/Operator: _____ Home Phone # _____

Owner/Operator Mailing Address _____

Name of Manager _____ Home Phone # _____

Mobile/Temporary Food Operations (Note: back of application must also be completed)

Number of mobile units _____

Unit being licensed (vehicle license #) _____

Is Commissary used? Yes _____ No _____

If yes, Location of Commissary _____

Owner of Commissary _____

Commissary agreement required if commissary is owned by other than applicant owner (please attach)

Months of Operation: ☐ January - December ☐ Other (specify): _____

Multiple Food Operations/Departments under same roof, same ownership

Number of Operations/Departments: ☐ 1-2 ☐ 3 or more

List Menu Items on Back or Supply Copy of Menu

Signature of the applicant is an agreement to the terms and conditions of a license as contained in Section 8-304.11 of the *Idaho Food Code* and attests to the accuracy of the information provided per Section 8-302.14(G). **Application can only be signed by owner or legal agent. Unless exempted by *Idaho Food Code* §39-414.11, or defined as low risk, all food establishments are required to pay a license fee. Without the fee, the application can not be processed.**

Owner/Agent's Signature _____ Date _____

- FOR OFFICE USE ONLY -

Action

1. N - New Permit #: _____

2. C - Change of Ownership

Old Establishment Name: _____ Establishment #: _____

County # _____ Jurisdiction #: _____ Program Code: _____ / _____ Risk/Assessment: M or H

Approved By: _____ Next Inspection Date: _____
(Environmental Health Specialist) EHS Number (Date) (Date)

Fee Amount Paid \$ _____ ☐ Cash ☐ Check # _____ Date Paid: _____ Receipt # _____

Portions from Idaho's Food Code

Idaho Food Code Section 8-3. The license holder upon acceptance of the license issued by the regulatory authority shall:

- a) Comply with the provisions of these rules and regulations and the directives of the regulatory authority;
- b) Allow representatives of the regulatory authority warrantless access to the food establishment during hours of operation unannounced, in order to determine whether the food establishment is in compliance with these rules and regulations in accordance with Idaho Food Code Section 8-304.11 and Section 8-402.11
- c) Accept notices issued and served by the regulatory authority in accordance with Idaho Food Code Section 8-304.11.(J)
- d) Be subject to the administrative, civil, injunctive and criminal remedies authorized by these rules and regulation for failure to comply with the provisions of these rules and regulations or an order, warning or directive of the regulatory authority;
- e) Post the license in a conspicuous place of the food establishment;
- f) Immediately contact the regulatory authority in the event of a food borne or waterborne outbreak, fire, flood, extended interruption of potable water or electrical service or other emergency in the food establishment which may affect food safety;
- g) Comply with any order, warning or directive issued by the regulatory authority in response to individual food establishment or community-wide emergencies; and
- h) Replace any identified existing equipment or utensils allowed by Idaho Food Code Section 8-304.11(G), with equipment and utensils which fully comply with these rules and regulations when directed by the regulatory authority, or when replaced in normal course of operation.

Menu Items (list below, or provide a copy of menu)

TEMPORARY FOOD ESTABLISHMENTS

Note: Temporary food establishments must also complete the Supplemental Food Application

As a temporary establishment, I will be operating only at the following events this calendar year:

Date: _____	Event: _____
Date: _____	Event: _____
Date: _____	Event: _____
Date: _____	Event: _____
Date: _____	Event: _____