



South Central Public Health District

Prevent. Promote. Protect.

Temporary/Intermittent Food Establishment Application/Permit

Food Establishment or Organization: _____

Owner/Operator/Person(s) in charge: _____

Mailing Address: _____

Business Phone: _____ Cell Phone: _____

Please check the box that applies for the type of establishment you are proposing:

Intermittent Food Establishment –

- Operates for three (3) days or less per week,
- At a single specified location,
- In conjunction with a recurring event that offers potentially hazardous food (PHF) to the general public.

Temporary Food Establishment –

- Operates for no more than 14 consecutive days,
- In conjunction with a single event or celebration that offers PHF to the general public.

Menu to be served: (please list main food items)

All products are from an approved source

PRODUCT

PRODUCT

PRODUCT

_____	_____	_____
_____	_____	_____
_____	_____	_____

Minimum Health Requirements: Please read and check that each will be provided

- | | | |
|---|---|--|
| <input type="checkbox"/> Hand wash set up: Warm water, spigot, soap and paper towels | <input type="checkbox"/> Refrigeration for potentially hazardous foods below 41°F | <input type="checkbox"/> Solution for wiping cloths and utensils: 1T Clorox in 2 gal of cool water (no soap) |
| <input type="checkbox"/> No bare hand contact with moist, ready-to-eat foods (tongs, gloves, or deli paper) | <input type="checkbox"/> Hot holding for cooked foods: 135°F or above: thermometers | <input type="checkbox"/> Water potable, waste water contained, proper disposal |
| <input type="checkbox"/> Workers clean, not sick, no smoking, hands washed frequently | <input type="checkbox"/> Single-service only -- plates, forks, cups, covered, kept off ground | <input type="checkbox"/> Garbage container in booth and one outside of booth |

Name of Event	Date(s) of Event	Location of Event	Inspection Date/Inspector

Licensing District: _____ License #: _____ Date Issued: _____

***Please keep this document with the original license.
Post both documents in plain view at all events.**

Signature of Environmental Health Specialist Date

Signature of Responsible Person Date

TWIN FALLS OFFICE
1020 Washington St. N.
Twin Falls, ID 83301-3156
734-5900 • Fax 734-9502

BELLEVUE OFFICE
117 Ash St.
Bellevue, ID 83313
788-4335 • Fax 788-0098

BURLEY OFFICE
2311 Parke Ave., Unit 4, Ste. 4
Burley, ID 83318
678-8221 • Fax 678-7465

GOODING OFFICE
145 7th Ave. E.
Gooding, ID 83330-0494
934-4477 • Fax 934-8558

JEROME OFFICE
951 E. Ave. 'H'
Jerome, ID 83338
324-8838 • Fax 324-9554

RUPERT OFFICE
1218 9th St., Ste. 15
Rupert, ID 83350
436-7185 • Fax 436-9066