



# South Central Public Health District

Prevent. Promote. Protect.

## Food Establishment License Application

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

**BELLEVUE OFFICE**  
117 E. Ash St.  
Bellevue, ID 83313  
788-4335  
FAX - 788-0098

**MINI-CASSIA OFFICE**  
485 22<sup>nd</sup> Street  
Heyburn, ID 83336  
678-8221  
FAX - 678-7465

**GOODING OFFICE**  
145 7<sup>th</sup> Ave. E.  
Gooding, ID 83330  
934-4477  
FAX - 934-8558

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

**Web:**  
phd5.idaho.gov

New     Change of ownership  
Type of Operation:  Permanent     Mobile

Previous Establishment: \_\_\_\_\_

<b>Food Establishment Name:</b> _____			
<b>Physical Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Mailing Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Manager/Contact:</b> _____	<b>Title:</b> _____	<b>Phone:</b> _____	
<b>Email Address:</b> _____			
<b>Establishment Phone:</b> _____		<b>Emergency Phone:</b> _____	
<b>Regional/District Manager:</b> _____	<b>Title:</b> _____	<b>Phone:</b> _____	
<b>Mailing Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Email Address:</b> _____			
<b>Owner/Parent Company:</b> _____			
<b>Mailing Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____

**Type of Establishment:**

<input type="checkbox"/> Food Service (605)	<input type="checkbox"/> Retail Market (610)	<input type="checkbox"/> Mobile Food Unit (602)
<input type="checkbox"/> Processing (615)	<input type="checkbox"/> School/Institutional (616)	<input type="checkbox"/> Mobile Food Unit (602) (with commissary)
	<input type="checkbox"/> USDA Program	

**Type of Ownership:**

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association
<input type="checkbox"/> Partnership	<input type="checkbox"/> Tax-Supported Entity	

<b>Dates of Operation:</b>	<input type="checkbox"/> Year Round	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
		<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
<b>Days of Operation:</b>	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
<b>Hours of Operation:</b>	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Menu served (not applicable to retail or convenience stores) Please attach copy of menu or list menu items on separate paper.

**Idaho Rules Governing Food Safety and Sanitation Standards for Food Establishments (Idaho Food Code) require that food establishments, as defined by Idaho Food Code, obtain a license prior to operating and renew the license annually. Food establishments must submit a renewal application by December 1<sup>st</sup> of each year for the forthcoming year, which begins January 1<sup>st</sup>. The appropriate license fee must be paid prior to the license being issued. The license is non-transferable and may be suspended for violations of food safety regulations as outlined in the Idaho Food Code.**

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. **Applications can only be signed by owner or legal agent. Unless exempted by Idaho Code 39-1602, or defined as cottage food or low risk, all food establishments are required to pay a license fee. Without the fee, the application cannot be processed.**

Signature of legal owner(s) or owner's agent

Date

### OFFICE USE ONLY - DO NOT COMPLETE - ESTABLISHMENT LICENSE INFORMATION/APPROVAL

Establishment Number: _____	Program Code: _____	Sub Code: _____
<b>County:</b> _____	<b>Water:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>Sewer:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private
<b>EHS:</b> _____	<b>Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive	<b>Risk:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium
Fee Paid: _____	Receipt: _____	<b>Plan Review:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b> _____	<b>Print License:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date:</b> _____
	<b>Activation Date:</b> _____	
_____		_____
<b>EHS Signature</b>		<b>Date</b>