



South Central Public Health District
Prevent. Promote. Protect.

**FOOD ESTABLISHMENT
LICENSE APPLICATION**

TWIN FALLS OFFICE
1020 Washington St. N.
Twin Falls, ID 83301-3156
737-5900 • 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
255 North Canyon Dr.
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

New Change of ownership Previous Estab-Name/Number _____

Type of Operation: Permanent

Food Establishment Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Manager/Contact: _____ Title: _____ Phone: _____

Regional/District Manager: _____ Title: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner/Parent Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Establishment Phone: _____ Emergency Phone: _____

- Type of Establishment: Food Service (605) Retail Market (610) Mobile Food Unit (602)
- Processing (615) School/Institutional (616) Mobile Food Unit (602)
- Type of Ownership: Sole Owner Corporation Association
- Partnership Tax-Supported Entity USDA Program (with commissary)

Dates of Operation:	<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
Days of Operation:	<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
Hours of Operation:	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) requires 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 1st** of each year for the forthcoming year, which begins January 1st. **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 (G). **Applications can only be signed by owner or legal agent. Unless exempted by the Idaho Code 398-414.11, or defined as 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 ID #:	_____									
Prog Code:	_____	SubProg Code:	_____	County #	_____	Water:	_____	Sewer	_____	(1-Public, 2 Private)
Risk:	Hiç <input type="checkbox"/>	Me <input type="checkbox"/>	EH: _____	Statu	Activ <input type="checkbox"/>	Inactiv <input type="checkbox"/>				
Mail to:	O = Owner 1 = Establishment									
License Fee Paid:	_____	Encounter	_____	Date:	_____					
Plan Review Fee Paid:	_____	Encounter	_____	Date:	_____					
PRINT LICENSE:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ACTIVATION DATE:		_____					
Comments:	_____									

EHS Signature

Date