



**South Central Public Health District**

Prevent. Promote. Protect.

**Low Risk Establishment  
Fraternal/Benevolent/Charitable Organization  
Exemption Form**

**TWIN FALLS OFFICE**  
1020 Washington St. N  
Twin Falls, ID 83301-3156  
737-5900 \* FAX 734-9502

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

**GOODING OFFICE**  
255 North Canyon Dr.  
Gooding, ID 83330  
934-4477 \* FAX 934-8558

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

**MINI-CASSIA OFFICE**  
2311 Parke Ave. Unit 4, Suite 4  
Burley, ID 83318  
678-8221 \* FAX 678-7465

**Low Risk Establishment; IDAPA Section 16.02.19.001.03.c**

I certify that I \_\_\_\_\_ of \_\_\_\_\_  
currently produce a food product that is considered non-potentially hazardous by the Division of Health, Food Protection Program. This classifies my establishment as a low risk food establishment and exempts me from requiring licensure or inspection. I understand that if I sell the product wholesale to a food establishment that my exemption status is dissolved and I will be required to meet the standard set forth in the Idaho Food Code. I agree to contact South Central Public Health District before making any menu changes that might change my current risk status.

**Fraternal/Benevolent/Charitable Organization; IDAPA Section 16.02.19.001.03.f**

I certify that I \_\_\_\_\_ of \_\_\_\_\_  
represent a fraternal, benevolent, or nonprofit charitable organization and that I will not prepare or serve food on a regular basis. Food shall not be considered to be served on a regular basis if the food is served for a period not to exceed five (5) consecutive days on no more than three (3) occasions per year for foods which are *not* potentially hazardous, or if the food is served no more than one (1) meal per week for all other foods.

\_\_\_\_\_  
Signature Date

**PLEASE LIST MENU ITEMS ON BACK OF FORM**

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Mailing Address: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Locations & Dates of Operation: \_\_\_\_\_ Food Items to be Served: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EHS Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_