



# South Central Public Health District

Prevent. Promote. Protect.

## Food Establishment License Application

New  Change of Ownership  
Type of Operation:  Permanent  Mobile

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

Food Establishment Name: _____	
Physical Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Manager/Contact: _____	Title: _____ Phone: _____
Email Address: _____	
Establishment Phone: _____	Emergency Phone: _____
Regional/District Manager: _____ Title: _____ Phone: _____	
Mailing Address: _____	City: _____ State: _____ Zip: _____
Email Address: _____	
Owner/Parent Company: _____	
Mailing Address: _____	City: _____ State: _____ Zip: _____
Type of Establishment:	<input type="checkbox"/> Food Service <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> USDA Program <input type="checkbox"/> Processing <input type="checkbox"/> Mobile Food Unit w/commissary <input type="checkbox"/> Retail Market <input type="checkbox"/> School/Institutional
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
Months 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"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT
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) 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 proved 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 #: <b>FS-</b> _____	County: _____	EHS #: _____
Water: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private	Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium
Plan Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	
Print License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Activation Date: _____	Fee Paid: \$ _____ Receipt #: _____
Comments: _____		
EHS Signature		Date

**TWIN FALLS OFFICE**  
1020 Washington St N  
Twin Falls ID 83301  
(208) 737-5900  
Fax (208) 734-5902

**BELLEVUE OFFICE**  
117 E Ash St  
Bellevue ID 83313  
(208) 788-4335  
Fax (208) 788-0098

**MINI-CASSIA OFFICE**  
485 22<sup>ND</sup> St  
Heyburn ID 83336  
(208) 678-8221  
Fax (208) 678-7465

**GOODING OFFICE**  
255 N Canyon Dr  
Gooding ID 83330  
(208) 934-4477  
Fax (208) 934-8558

**JEROME OFFICE**  
951 E Ave H  
Jerome ID 83338  
(208) 324-8838  
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