



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 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 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 #: FS- | 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
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Fax (208) 734-5902

BELLEVUE OFFICE
117 E Ash St
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Fax (208) 788-0098

MINI-CASSIA OFFICE
485 22ND St
Heyburn ID 83336
(208) 678-8221
Fax (208) 678-7465

GOODING OFFICE
255 N Canyon Dr
Gooding ID 83330
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