

**Temporary/Intermittent Food
Establishment License Application**

Applications must be submitted for review no less than 15 days prior to the first event. An incomplete application may cause a delay and/or disapproval of your application.

Applications received after the deadline will not be accepted and the applicant will not be allowed to operate.

Food Establishment or Organization: _____
 Owner/Operator/Person(s) in charge: _____
 Mailing Address: _____
 Email Address: _____
 Business Phone: _____ Cell Phone: _____

Please check the box that applies for the type of establishment you are proposing:

- | | |
|--|---|
| <input type="checkbox"/> Operating for one (1) day { \$35 }
<ul style="list-style-type: none"> • In conjunction WITH A SINGLE EVENT or celebration and offers TCS to the general public. <input type="checkbox"/> Operating for two (2) or three (3) days { \$45 }
<ul style="list-style-type: none"> • In conjunction WITH A SINGLE EVENT or celebration and offers TCS to the general public. <input type="checkbox"/> Operating for four (4) or more days or at multiple events { \$72 }
<ul style="list-style-type: none"> • Operates for no more than 14 consecutive days, • In conjunction with an event or celebration and offers TCS to the general public. | <input type="checkbox"/> Intermittent Food Establishment without commissary { \$72 }
<ul style="list-style-type: none"> • Operates for three (3) days or less per week, • At a single specified location, • In conjunction with a recurring event and offers TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) foods to the general public. |
|--|---|

Menu to be served: (please list main food items) _____ All products are from an approved source
 ~ Only limited menus with minimal food prep will be approved ~

PRODUCT	PRODUCT	PRODUCT

Licensing District: _____ License #: _____ Date Issued: _____

****Please keep this document with the annual permit and post both documents in plain view at all events.**

_____ Signature of Responsible Person or Authorized Agent	_____ Date
_____ Signature of Environmental Health Specialist	_____ Date

OFFICE USE ONLY -

Establishment Number: _____		TFVE/CFPM: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Prog Code: _____	SubProg Code: _____	County # _____	Water: _____ Sewer: _____ (1-Public, 2 Private)
Risk: High <input type="checkbox"/> Med <input type="checkbox"/>	EHS: _____	Status: Active <input type="checkbox"/> Inactive <input type="checkbox"/>	
Mail: O = Owner 1 = Establishment		PRINT LICENSE: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fee Paid: _____	Receipt: _____	Date: _____	



1. **List where all food items and ice will be purchased (names of suppliers). Where will you be getting your water for the temporary event?** *All foods, water and ice must be purchased or obtained from an approved source.*

2. **Describe how all foods on your menu will be transported, stored, prepared and served.** **Only menus with minimal food prep will be approved for a temporary license. A commissary may be needed for extensive food prep or storage.*

3. **How do you plan to wash your hands?** *Every temporary food establishment shall have a hand washing facility that includes a handwashing sink or warm vessel (must have spigot that can be turned on and stay on for washing hands properly), soap, paper towels and a catch basin or retention tank.*

4. **How will wastewater and garbage be disposed?**

5. **List equipment and describe facilities that will be used at the temporary food establishment.** *All temporary food establishments must have adequate cooking, hot holding (>135°F) and refrigeration facilities (<41°F).*

6. **How are you going to wash, rinse, and sanitize equipment and utensils?** *(Test strips required for checking sanitizer concentration.)*



Provide a sketch of your temporary/intermittent food establishment. (Identify all equipment for hand washing, hot holding, cold holding, utensil washing, and trash containment.)

Equipment Checklist

- All temporary/intermittent food establishments must have adequate cooking, holding, and refrigeration facilities to hold foods below 41°F or above 135°F. Mechanical refrigeration units must be pre-chilled to 41°F or less prior to being filled with food.
- Food grade hoses are required for filling potable water tanks. Do not forget to clean and sanitize tanks prior to use.
- Single-service only -- plates, forks, cups, covered, kept off ground.
- Ready to eat foods must be handled with gloves and/or proper utensils.
- Food thermometers for checking cook temperatures.
- Thermometers in all cold-holding / hot holding units.

PLEASE NOTE: Incomplete applications will delay review or result in the application not being approved. Please take the time to fill out the application completely. Do not reference information provided on previous applications you have made to South Central Public Health District.

Beginning July 1, 2018, the Idaho Food Code (IFC), Section 2-102.12, requires each food establishment to have a minimum of one (1) Food Protection Manager. For temporary food establishments, we will accept a copy of your Food Protection Manager certificate issued by a nationally recognized organization or a copy of the certificate gained from passing the State of Idaho's Temporary Food Vendor Exam. There is no cost for the exam and it will be offered at our offices.

I understand that the license is non-transferable and is based upon compliance with all food-handling regulations of the State of Idaho, determined on the basis of an inspection(s) by the local or state health authority and may be suspended for non-compliance with the Idaho Food Code. By signing, I testify that I have read, understand, and agree to comply with the above requirements during the temporary food establishment event; and I acknowledge receipt of the vendor's packet detailing information for safe food handling.

Print Name: _____

Date: _____

Applicant Signature: _____



South Central Public Health District

Prevent. Promote. Protect.

Temporary/Intermittent Food Establishment License Application

1. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private

2. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private

3. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private

4. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private

5. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private

6. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private

7. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private

8. Event Name: _____
 Event Date(s): _____
 Commissary: _____
 Water Source Name: _____
 Sewage Disposal: _____

Approved By

Event Location: _____
 First Event Start Time: _____
 License #: _____ Phone #: _____
 Public OR Private
 Public OR Private