

## FOOD ESTABLISHMENT LICENSE APPLICATION

Idaho Statute 39-1604 states, "License requirements for food establishments – No person, firm or corporation shall operate a food establishment without a license approved by the director of the department of health and welfare or his designee. Food establishment licenses shall not be transferable and the type of license and any restrictions will be specified on the license." Annual renewal of license is required. Fee depends of the type of establishment and is for any portion of the year. (Please ask Environmental Health staff what the license fee will be.)

**Legal Owner or Agent:** \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 If Legal Owner is Corporation, name of Contact Person: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

**Name to be put on the license under "Issued To" (please print):** \_\_\_\_\_  
 (Person or Corporation name; not the establishment name)

**Name of Establishment:** \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
 Location Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Partners and/or Parent Company (if applicable):**  
 Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please provide the following additional information:**

New Owner ( )                      New Food Establishment ( )                      Remodeling ( )  
 Proposed months of operation: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Proposed hours of operation: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Days Operating (Circle):      Su   M   T   W   Th   F   S  
**New applicants:** Please provide a copy of your menu, or list your menu on a separate paper.  
 Water source: \_\_\_\_\_ Septic source: \_\_\_\_\_

**I understand and hereby agree to the TERMS AND CONDITIONS OF A LICENSE as contained in the STATE OF IDAHO FOOD CODE. (IDAPA 16.02.19)**

**Note: A license cannot be issued without the legal owner's or agent's signature and payment of the appropriate fee.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Legal owner/agent)

<b><u>EIPH Use Only</u></b>				
Inspection Category	<input type="checkbox"/> Regular	<input type="checkbox"/> HACCP	<input type="checkbox"/> Modified HACCP	<input type="checkbox"/> Food Code
Risk Category	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	
Season	<input type="checkbox"/> Permanent		<input type="checkbox"/> Seasonal	
Type of Establishment: _____			Establishment #: _____	
Date Paid: _____		Amount Paid: _____		Receipt #: _____
Approved for License By: _____		Date: _____		First Routine Inspection Date: _____