Eastern Idaho
Public Health
Prevent. Promote. Protect.

ENVIRONMENTAL HEALTH
1250 Hollipark Drive
Idaho Falls, ID 83401
OFFICE (208) 523-5382
FAX (208) 528-0857

TEMPORARY / INTERMITTENT EVENT FOOD LICENSE INFORMATION

A $65 food license fee is required for all temporary/intermittent food establishments handling potentially hazardous foods. This includes any moveable push carts, vending trucks, trailers, tents, booths, bicycles, water craft, or other movable units and fixed facilities used for temporary/intermittent events. Applications without the license fee will not be processed. Idaho Code §39-1604 states, "No person, firm or corporation shall operate a food establishment that handles potentially hazardous foods, for which no other state or federal food safety inspection or license is required, without a license approved by the director of the department of health and welfare or his designee."

Only one license fee is required for an entire calendar year if the same menu and operation is used for multiple events. A new application and fee are required for a different menu or operation. When operating in another Health District, that district will require the vendor to show proof that he's paid a fee for that calendar year and is serving the same menu. Proof of a local commissary (if utilized) may also be required. If this information cannot be provided, a new application and fee will be required. Please contact the local Health District office prior to operating in that Health District.

An Intermittent food service establishment is one that operates at a single, specified location in conjunction with a recurring event. Examples of recurring event may be a farmers' or community market or a holiday market.

Once the application has been approved, a letter will be sent to the applicant stating that they are approved to set up operations at their first scheduled event. An inspection will occur at the beginning of that event and a license issued if the conditions of the permit are met. If the applicant cannot meet the food code requirements, he/she will be required to cease operations and the license will not be issued. Once the food license is issued, it must be on public display at each event. A temporary or intermittent food establishment may not be inspected at each event, but the Health District may inspect at any time the establishment is operating.

Please complete all questions on the application, attach a complete menu, a letter from your commissary, (which includes the commissary's name and license number, address, telephone number) - signed and dated by the owner, and submit with the $65 license fee.

Applications must be submitted for review <u>no less than</u> 2 weeks prior to the event if event has a coordinator, 1 week prior if no coordinator. 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.

<u>If you have any questions, please feel free to contact this office. Thank you.</u>

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TEMPORARY / INTERMITTENT EVENT FOOD LICENSE APPLICATION

ESTABLISHMENT INFORMATION	LICENSE HOLDER / OWNER / LESSEE
Business Name:_____	Name:_____
Business Mailing Address:_____	Title:_____
City:_____ State:_____	Owners Mailing Address:_____
Zip:_____	City:_____ State:_____
	Zip:_____
Business Telephone: ( )_____	
Fax #: ( )_____	Owner's Telephone: ( )_____
	Fax #: ( )_____
Non Profit Group? ☐ Yes ☐ No	Secondary Contact Person:_____
Name of Group:_____	Title:_____ Telephone:_____

$65 ANNUAL FEE

EIPH Offices:	**Bonneville & Clark Counties**	**1250 Hollipark Drive**	**Idaho Falls, ID**	**83401**	**(208) 523-5382**
	Custer County	**1050 N Clinic Road Suite A**	**Challis, ID**	**83226**	**(208) 879-2504**
	Fremont County	**45 S 2nd W**	**St. Anthony, ID**	**83445**	**(208) 624-7585**
	Jefferson County	**380 Community Lane**	**Rigby, ID**	**83442**	**(208) 745-7297**
	Lemhi County	**801 Monroe**	**Salmon, ID**	**83467**	**(208) 756-2122**
	Madison County	**314 N 3rd E**	**Rexburg, ID**	**83440**	**(208) 356-3239**
	Teton County	**820 Valley Centre Drive**	**Driggs, ID**	**83422**	**(280) 354-2220**

Applicant Signature	EIPH Use Only
Printed Name:_____	$65.00 Application Fee Paid On:_____
	Receipt #:_____ Rec'd by:_____
Signature:_____	Establishment Number:_____
☐ License Holder / Owner / Lessee	
☐ Agent / Title:_____	Approved date:_____ By:_____ EHS

Please provide us with an email address so we can email the report to you.

Name:_____ E-mail address:_____

License #_____

Planned Events / Locations

1. Event Name:_____ Event Location:_____
Approved by:
Event Date(s):_____ **First Event Start Time**:_____
Commissary:_____ License #:_____ Phone:_____
Water Source Name:_____ ☐ Public or ☐ Private
Sewage Disposal:_____ ☐ Public or ☐ Private

2. Event Name:_____ Event Location:_____
Approved by:
Event Date(s):_____
Commissary:_____ License #:_____ Phone:_____
Water Source Name:_____ ☐ Public or ☐ Private
Sewage Disposal:_____ ☐ Public or ☐ Private

3. Event Name:_____ Event Location:_____
Approved by:
Event Date(s):_____
Commissary:_____ License #:_____ Phone:_____
Water Source Name:_____ ☐ Public or ☐ Private
Sewage Disposal:_____ ☐ Public or ☐ Private

4. Event Name:_____ Event Location:_____
Approved by:
Event Date(s):_____
Commissary:_____ License #:_____ Phone:_____
Water Source Name:_____ ☐ Public or ☐ Private
Sewage Disposal:_____ ☐ Public or ☐ Private

5. Event Name:_____ Event Location:_____
Approved by:
Event Date(s):_____
Commissary:_____ License #:_____ Phone:_____
Water Source Name:_____ ☐ Public or ☐ Private
Sewage Disposal:_____ ☐ Public or ☐ Private

6. Event Name:_____ Event Location:_____
Approved by:
Event Date(s):_____
Commissary:_____ License #:_____ Phone:_____
Water Source Name:_____ ☐ Public or ☐ Private
Sewage Disposal:_____ ☐ Public or ☐ Private

7. Event Name:_____ Event Location:_____
Approved by:
Event Date(s):_____
Commissary:_____ License #:_____ Phone:_____
Water Source Name:_____ ☐ Public or ☐ Private
Sewage Disposal:_____ ☐ Public or ☐ Private

1. Please list or attach a complete menu of food items to be served. (Only limited menus with minimal food prep will be approved.)

2. List where all food items and ice will be purchased (name of supplier). Where will you be getting your water for the mobile unit? All foods, water and ice must be purchased or obtained from an approved source.

3. Describe how all foods on your menu will be transported, stored, prepared and served.

   NOTE: Only menus with minimal food prep will be approved for a temporary license, **unless** a commissary is used. A commissary (a licensed, approved food establishment) may be needed for storage of food and extensive food preparation, including washing of raw produce.

If a commissary is used, written approval from your commissary with the commissary name, license number, address and telephone number must be signed by the owner/manager of the commissary and attached to this application. A Shared Food Facility/Commissary Agreement is provided as the last page of this application packet.

4. List all equipment and describe the set-up that you will be using at the temporary/intermittent event. (How will food be kept hot/cold? What type of food prep are you doing and how? etc.)

- All temporary/intermittent food establishments must have adequate cooking, holding, and refrigeration facilities to hold foods below 41ºF or above 135ºF. Mechanical refrigeration units must be pre-chilled to 41ºF 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.
- Every temporary/intermittent unit must be constructed in a manner that protects the food from outside elements such as wind, rain, dust, etc.
- Single service articles shall be provided for use by the customers.
- Ready to eat foods must be handled with gloves and/or proper utensils.

5. Include a sketch of the temporary/intermittent food establishment that shows placement of equipment, sinks, water tanks, refrigeration, counter tops and work areas.

6. How do you plan to wash your hands?

Every temporary/intermittent food establishment must have a hand washing facility. This must include a hand washing vessel (101ºF), soap, paper towels and a catch basin or retention tank. The vessel must have a spigot that can be turned on and stay on for washing hands. No push button types allowed.

7. How will you dispose of your waste water and garbage?

All waste water and garbage must be disposed of at an approved site.

8. How do you plan to wash and sanitize equipment and utensils?

PLEASE NOTE: Incomplete applications will delay review or result in the application not being approved. Do not reference information provided on previous applications you made with Eastern Idaho Public Health. Thank you.

I have read and understand the above requirements and agree to comply with these requirements for my temporary/intermittent event food establishment.

Date:_____

Printed Name:_____ Signature:_____

☐ License Holder / Owner / Lessee

☐ Agent - Title:_____

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SHARED FOOD FACILITY / COMMISSARY AGREEMENT

This form is to be submitted with proposals for a Vehicle or Cart Permit, Temporary/Intermittent Food Facility Permit, Catering Permit or Farmers' Market Food Vendor permit. The State of Idaho Food Code requires that foods sold or given away to the public be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced and, sometimes, stored at an approved facility.

THIS FORM IS TO BE COMPLETED BY THE OWNER (OR MANAGER) OF THE APPROVED FOOD FACILITY where these operations will take place for the business applying for a permit. No other facility may be used by this business for these operations without the written approval of Eastern Idaho Public Health.

Name of Business applying for permit:_____

Name of Approved Food Facility / Commissary:_____

Address:_____

City/State/Zip:_____

Phone:_____ Commissary License #:_____
(Approved/Licensed facility)

Operations to take place:

- ☐ Food Preparation
- ☐ Food/Utensil storage (Designated and labeled area for exclusive use)
- ☐ Vehicle/Cart Storage
- ☐ Washing of utensils and equipment
- ☐ Other:_____

As the owner of the above approved food facility, I have given my permission for the business known as _____ to use my facility for the operations indicated. I know that I am ultimately responsible for the maintenance and sanitation of the food facility.

Owner of Approved Facility/Commissary (please print):_____

Signature of Approved Facility/Commissary Owner/Manager:_____

Date:_____