

## TEMPORARY / INTERMITTENT EVENT FOOD LICENSE INFORMATION

Beginning July 1, 2018, the Idaho Food Code (IFC), Section 2-102.12, requires each food establishment to have a minimum of one (1) accredited food protection manager (AFPM). For temporary food establishments, we will accept a copy of your AFPM 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 by appointment only.

In addition, a \$65 food license fee is required for all temporary/intermittent food establishments. 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 a training certificate and 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, copy of your training certificate, 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 a copy of your training certificate and the \$65 license fee.**

***Applications must be submitted for review no less than 2 weeks prior to the 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.***

*If you have any questions, please feel free to contact 208-523-5382. Thank you.*

**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: _____
Business Telephone: ( ) _____	Zip: _____
Fax #: ( ) _____	Owner's Telephone: ( ) _____
Non Profit Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax #: ( ) _____
Name of Group: _____	Secondary Contact Person: _____
	Title: _____ Telephone: _____

<b>\$65 ANNUAL FEE</b>					
<b>EIPH</b>	<b>Bonneville &amp; Clark Counties</b>	<b>1250 Hollipark Drive</b>	<b>Idaho Falls, ID</b>	<b>83401</b>	<b>(208) 523-5382</b>
<b>Offices:</b>	<b>Custer County</b>	<b>1050 N Clinic Road Suite A</b>	<b>Challis, ID</b>	<b>83226</b>	<b>(208) 879-2504</b>
	<b>Fremont County</b>	<b>45 S 2<sup>nd</sup> W</b>	<b>St. Anthony, ID</b>	<b>83445</b>	<b>(208) 624-7585</b>
	<b>Jefferson County</b>	<b>380 Community Lane</b>	<b>Rigby, ID</b>	<b>83442</b>	<b>(208) 745-7297</b>
	<b>Lemhi County</b>	<b>801 Monroe</b>	<b>Salmon, ID</b>	<b>83467</b>	<b>(208) 756-2122</b>
	<b>Madison County</b>	<b>314 N 3<sup>rd</sup> E</b>	<b>Rexburg, ID</b>	<b>83440</b>	<b>(208) 356-3239</b>
	<b>Teton County</b>	<b>820 Valley Centre Drive</b>	<b>Driggs, ID</b>	<b>83422</b>	<b>(280) 354-2220</b>

<b><u>Applicant Signature</u></b>	<b><u>EIPH Use Only</u></b>
Printed Name: _____	\$65.00 Application Fee Paid On: _____
Signature: _____	Receipt #: _____ Rec'd by: _____
<input type="checkbox"/> License Holder / Owner / Lessee	Establishment Number: _____
<input type="checkbox"/> 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: \_\_\_\_\_

**Planned Events / Locations**

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

Approved  
by:

2. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Commissary: \_\_\_\_\_  Public or  Private  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_

Approved  
by:

3. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Commissary: \_\_\_\_\_  Public or  Private  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_

Approved  
by:

4. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Commissary: \_\_\_\_\_  Public or  Private  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_

Approved  
by:

5. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Commissary: \_\_\_\_\_  Public or  Private  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_

Approved  
by:

6. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Commissary: \_\_\_\_\_  Public or  Private  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_

Approved  
by:

7. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_ License #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Commissary: \_\_\_\_\_  Public or  Private  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_

Approved  
by:



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 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.
- 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 (101°F), 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: \_\_\_\_\_

**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: \_\_\_\_\_