

TEMPORARY / INTERMITTENT FOOD LICENSE APPLICATION

Below is a checklist of items that need to be provided to Eastern Idaho Public Health (EIPH) in order to process a temporary/intermittent food application. Please check off each item prior to submitting your paperwork & fee.

_____ Certified Food Protection Manager certification (CFPM) or temporary food exam passed. The Temporary Food Safety Manual can be printed off of our website at:

<https://eiph.idaho.gov/EH/Food/Forms/2019/Manual%20for%20Temporary%20Food%20Establishments.pdf>

Call our main office at (208) 523-5382 if you need assistance, have any questions, or to schedule an exam.

Confirmation of your CFPM or a passed temporary food exam must be included with your application.

_____ Application: Applications must be submitted for review **no less than 14 days** prior to the first event. An incomplete application may cause a delay and/or disapproval of your application.

_____ Payment must be turned in with your application.

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

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

- | | | |
|--------------------------|--|----------------|
| <input type="checkbox"/> | <u>Operating for one (1) day</u> | \$35.00 |
| | <ul style="list-style-type: none"> • In conjunction with a single event or celebration and offers time/temperature control for safety (TCS) to the general public | |
| <input type="checkbox"/> | <u>Operating for two (2) or three (3) days</u> | \$45.00 |
| | <ul style="list-style-type: none"> • In conjunction with a single event or celebration and offers TCS to the general public | |
| <input type="checkbox"/> | <u>Operating for four (4) or more days or at multiple events</u> | \$72.00 |
| | <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"/> | <u>Intermittent without Commissary</u> | \$65.00 |
| <input type="checkbox"/> | <u>Intermittent with Commissary</u> | \$85.00 |
| | <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 TCS to the general public | |

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:

TEMPORARY / INTERMITTENT EVENT FOOD LICENSE INFORMATION

Section 2-102.12, requires each food establishment to have a minimum of one (1) certified food protection manager (CFPM). **For temporary food establishments, we will accept a copy of your CFPM 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 state exam and it will be offered at our offices by appointment only.

Applications without a training certificate and license fee will not be accepted.

In addition, a food license fee (as explained on the front cover of this packet) 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. 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." 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.

In 2019, the Idaho State Legislature amended Section 39-1607 dealing with food establishment licenses and fees. Temporary food establishments will now pay a fee based on how long they will operate. The fee structure is three (3) tiered: those operating for one (1) day; those operating for two (2) or three (3) days; and those operating for four (4) or more days or at multiple events (if the same menu and operation is utilized). A new application and fee are required for a different menu or operation. The first page of this packet lists the new fee structure for calendar year 2019. The license fee for operating four (4) or more days or at multiple events will increase slightly starting January 1, 2022. An intermittent food establishment license fee will increase slightly in calendar year 2020 and then again in calendar year 2022.

If operating under a multiple event license in another Health District, that district will require the vendor to show proof that the fee has been paid 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.

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 appropriate license fee.

*Applications, along with proof of certified training, 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: _____

EIPH Offices:	Bonneville & Clark Counties	1250 Hollipark Drive	Idaho Falls, ID	83401	(208) 523-5382
	Custer County	610 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	(208) 354-2220

<u>Applicant Signature</u>	<u>EIPH Use Only</u>
Printed Name: _____	Application Fee Paid On: _____ Fee \$ _____
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: _____

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 (handwashing and dishwashing), water tanks, refrigeration, counter tops and work areas.**

6. How do you plan to wash your hands? Describe the equipment.

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: _____