

APPLYING FOR A FOOD ESTABLISHMENT LICENSE

NEW ESTABLISHMENT or REMODELED ESTABLISHMENT

Upon approval of your Plan Review Application, please complete the following:

Submit your completed Food License Application (filled out completely).

Pay the application fee.

Proof of an Accredited Food Protection Manager certificate of completion from a nationally accredited food safety examination prior to pre-opening inspection.

Note: A pre-opening inspection will be required prior to issuance of a food establishment license. The food establishment operator must request the pre-opening inspection prior to opening (minimum 48-hour advance notice required). The pre-opening inspection will be followed by the first regular (unannounced) inspection within sixty (60) days.

CHANGE OF OWNERSHIP OF EXISTING FACILITY (If no remodeling)

Previous establishment name: _____

Submit your completed Food License Application (filled out completely).

Pay the application fee.

Provide a copy of the proposed menu.

Proof of an Accredited Food Protection Manager certificate of completion from a nationally accredited food safety examination prior to pre-opening inspection.

Note: If the establishment closed during change of ownership, the operator must schedule a pre-opening inspection prior to opening (minimum 48-hour advance notice required). If operations will not be interrupted during the change of ownership, the new operator must schedule a pre-opening inspection IMMEDIATELY following legal change of ownership.

I have read and understand the above:

Name

Date

Name of Food Establishment

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: _____ State: _____ 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: _____ State: _____ Zip: _____
 E-mail Address: _____ FAX #: () _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Partners and/or Parent Company (if applicable):
 Name: _____ Phone #: () _____
 Mailing Address: _____ City: _____ State: _____ 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)

<u>EIPH Use Only</u>				
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: _____