



EASTERN IDAHO PUBLIC HEALTH DISTRICT
Healthy People in Healthy Communities

ENVIRONMENTAL HEALTH
1250 HOLLIPARK DRIVE
IDAHO FALLS, ID 83401
PHONE: (208) 523-5382
FAX: (208) 528-0857
www.idaho.gov/phd7

To: All Temporary / Intermittent Food Service Vendors
From: Environmental Health Section/Food Program
Subject: Temporary or Intermittent Food Service License Application

A \$65 food license fee is required for all establishments handling potentially hazardous foods. 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."

No additional fee for events within the same calendar year and with the same menu will be required, however; declaration of events / locations must be declared and placed with license along with copy of menu.

When operating in another district than that which issued license, 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 local commissary (if required) may also be required.

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.

NOTE: Fraternal, Benevolent and Nonprofit Charitable Organizations – see attached.

*** 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 to this office for review within 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.

If you have any questions, please feel free to contact this office. Thank you.

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TEMPORARY / INTERMITTENT EVENT FOOD SERVICE APPLICATION

ESTABLISHMENT INFORMATION	LICENSE HOLDER / OWNER / LESSEE
Business Name: _____	Name: _____
Business Mailing Address: _____ _____	Title: _____
City _____ State: _____ Zip: _____	Owners Mailing Address: _____ _____
Business Telephone: () _____	City _____ State: _____ Zip: _____
Fax #: () _____	Owners Telephone: () _____
Non Profit Group? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax #: () _____
Name of Group: _____	Secondary Contact Person: _____
	Title: _____ Telephone: _____

<u>\$65 ANNUAL FEE</u>	
District 7 Offices:	Bonneville & Clark Counties - 1250 Hollipark Dr – <u>Idaho Falls</u> , ID 83401 - (208) 523-5382 Custer County - 1050 N Clinic Rd Suite A– <u>Challis</u> , ID 83226 - (208) 879-2504 Fremont County - 45 S 2 nd W– <u>St. Anthony</u> , ID 83445 - (208) 624-7585 Jefferson County - 380 Community Lane - <u>Rigby</u> , ID 83442 - (208) 745-7297 Lemhi County - 801 Monroe - <u>Salmon</u> , ID 83467 - (208) 756-2122 Madison County - 314 N 3 rd E – <u>Rexburg</u> , ID 83440 – (208) 356-3239 Teton County – 820 Valley Centre Dr – <u>Driggs</u> , ID 83422 – (208) 354-2220

Printed Name _____ Signature: _____ <input type="checkbox"/> License Holder / Owner / Lessee <input type="checkbox"/> Agent / Title _____	<u>EIPHD Use Only:</u> \$65.00 Fee Paid _____ (Receipt Number) Establishment Number: _____ Date Received: _____ Rec'd by: _____ Approved date: _____ By: _____ EHS
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License # _____

Planned Events / Locations

1. **Event Name:** _____ **Event Location:** _____
Event Date(s): _____
Commissary: _____ **License#** _____ **Phone:** _____
Water Source Name: _____ Public or Private
Sewage Disposal: _____ Public or Private

Approved
by:

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

Approved
by:

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

Approved
by:

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

Approved
by:

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

Approved
by:

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

Approved
by:

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

Approved
by:

4. List all equipment and describe facilities that will be used at the temporary / intermittent food establishment.

- 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.

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

5. 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, and 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

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

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

7. 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 the Eastern Idaho Public Health District. Thank you.

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

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, and 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: _____