South Central Public Health District
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FOOD ESTABLISHMENT PERMIT APPLICATION

Application Type:	☐ New ☐ Change of Ownership
Type of Operation:	☐ Fixed ☐ Mobile Unit ☐ Previous Est. Name: _____
Establishment Name:	
Physical Address:	City: State: Zip:
Mailing Address:	City: State: Zip:
Establishment Phone:	Establishment Email:
Manager Name:	Manager Email:
Manager Phone:	Emergency Phone:
Regional Manager Name:	Phone: Email:
Mailing Address:	City: State: Zip:
Owner/Company Name:	
Mailing Address:	City: State: Zip:
Phone:	Email:

Type of Establishment: (check all that apply)	☐ Full Food Service	☐ Dine-in [seating capacity =_____]	☐ C-Store
	☐ Processor/Wholesale	☐ Mobile Food Unit	☐ Bottler
	☐ Retail/Grocery Store	☐ Mobile Food Unit w/commissary	☐ Delivery
	☐ Carry-out	☐ School/Institutional/Cafeteria ☐ USDA	☐ Drive-thru
Type of Ownership:	☐ Sole Owner	☐ Corporation	☐ Association
	☐ Partnership	☐ Tax-Supported Entity	☐ Non-profit

Months of Operation:	☐ Year Round	☐ JAN	☐ FEB	☐ MAR	☐ APRIL	☐ MAY	☐ JUNE
		☐ JULY	☐ AUG	☐ SEPT	☐ OCT	☐ NOV	☐ DEC

Days of Operation:	☐ SUN	☐ MON	☐ TUE	☐ WED	☐ THUR	☐ FRI	☐ SAT
Hours of Operation:	to	to	to	to	to	to	to

☐ - ***Menu Attached - attach copy of menu or list menu items on separate paper (not applicable to retail or convenience stores).***

☐ - **CFPM certificate or approved variance document attached.**

Idaho *Rules Governing Food Safety and Sanitation Standards for Food Establishments (Idaho Food Code) require* **that food establishments, as defined by Idaho Food Code, obtain a permit prior to operating and renew the permit annually. Food establishments must submit a renewal application by December 1st of each year for the forthcoming year, which begins January 1st. The appropriate permit fee must be paid prior to the permit being issued. The permit is non-transferable and may be suspended or revoked for violations of food safety regulations as outlined in the Idaho Food Code.**

Signature of the applicant is an agreement to the terms and conditions of a permit as contained in Section 8-304.11 of the Idaho Food Code and attests to the accuracy of the information proved per section 8-302.14. **Applications can only be signed by owner or legal agent. Unless exempted by Idaho Code 39-1602, or defined as low risk, all food establishments are required to pay a permit fee. Without the fee, the application cannot be processed.**

Signature of legal owner(s) or owner's agent **Date**

By my signature above, I certify I am the owner, lessee, or authorized representative of the owner, and that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application and/or permit may be revoked. I accept responsibility to notify the South Central Public Health District of any changes to the above information. I hereby explicitly authorize agents of the South Central Public Health District to access this property and facility for the purposes of conducting all necessary regulatory inspections (including routine, follow-up, and complaint-driven inspections) required to issue and maintain this permit.

OFFICE USE ONLY – DO NOT COMPLETE – ESTABLISHMENT PERMIT INFORMATION/APPROVAL

Establishment #: **14240-** County: EHS #:

Water: ☐ Public ☐ Private Sewer: ☐ Public ☐ Private Risk: ☐ High ☐ Medium

Plan Review: ☐ Yes ☐ No Date:

Print Permit: ☐ Yes ☐ No Activation Date Fee: Receipt #:

Comments:

EHS Signature: **Date:**

SCPHD: 7.2026