

## FOOD ESTABLISHMENT PERMIT APPLICATION

Application Type:	<input type="checkbox"/> New <input type="checkbox"/> Change of Ownership		
Type of Operation:	<input type="checkbox"/> Fixed <input type="checkbox"/> Mobile Unit		<input type="checkbox"/> 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)	<input type="checkbox"/> Full Food Service	<input type="checkbox"/> Dine-in [seating capacity = _____]	<input type="checkbox"/> C-Store
	<input type="checkbox"/> Processor/Wholesale	<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Bottler
	<input type="checkbox"/> Retail/Grocery Store	<input type="checkbox"/> Mobile Food Unit w/commissary	<input type="checkbox"/> Delivery
	<input type="checkbox"/> Carry-out	<input type="checkbox"/> School/Institutional/Cafeteria	<input type="checkbox"/> USDA <input type="checkbox"/> Drive-thru
Type of Ownership:	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Corporation	<input type="checkbox"/> Association
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Tax-Supported Entity	<input type="checkbox"/> Non-profit
Months of Operation:	<input type="checkbox"/> Year Round	<input type="checkbox"/> JAN <input type="checkbox"/> FEB <input type="checkbox"/> MAR <input type="checkbox"/> APRIL <input type="checkbox"/> MAY <input type="checkbox"/> JUNE	
		<input type="checkbox"/> JULY <input type="checkbox"/> AUG <input type="checkbox"/> SEPT <input type="checkbox"/> OCT <input type="checkbox"/> NOV <input type="checkbox"/> DEC	
Days of Operation:	<input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THUR <input type="checkbox"/> FRI <input type="checkbox"/> SAT		
Hours of Operation:	_____ 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 1<sup>st</sup> of each year for the forthcoming year, which begins January 1<sup>st</sup>. 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 cottage food or 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 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 may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information.*

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

Establishment #: <b>14240-</b>	County: _____	EHS #: _____
Water: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewer: <input type="checkbox"/> Public <input type="checkbox"/> Private	Risk: <input type="checkbox"/> High <input type="checkbox"/> Medium
Plan Review: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	
Print Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Activation Date: _____	Fee: _____    Receipt #: _____
Comments: _____		
<b>EHS Signature:</b> _____		<b>Date:</b> _____