

**INTERMITTENT OR TEMPORARY FOOD
ESTABLISHMENT PERMIT APPLICATION**

****Applications must be submitted for review no less than 15 days prior to the first event.**

****An incomplete application may cause a delay and/or disapproval of your application.**

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

Establishment or Organization Name: _____

Owner/Operator/Person(s) in charge: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Site/Event Address: _____ City: _____

E-mail Address: _____

Business Phone: _____ Phone: _____

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

- Operating for one (1) day** {**\$35**}
- In conjunction **WITH A SINGLE EVENT** or celebration.
- Operating for four (4) or more days or at multiple events** {**\$80**}
- Operates for no more than 14 consecutive days;
 - In conjunction with a single event or celebration.

- Intermittent Food Establishment (concession stand) without commissary** {**\$80**}
- Operates for six (6) days or less per week;
 - At a single specified location;
 - In conjunction with a recurring event.

Menu to be served: (please list main food items)

All products are from an approved source (including ice & water)

~ Only limited menus with minimal food prep will be approved ~

ITEM	ITEM	ITEM

Permitting District: _____ Permit #: _____ Date Issued: _____

****Please keep this document with the annual permit and post both documents in plain view at all events, or post in your facility.****

Signature of Responsible Person or Authorized Agent _____

_____ Date

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. 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 Environmental Health Specialist _____

_____ Approval Date

**TEMPORARY/INTERMITTENT FOOD
ESTABLISHMENT OPERATION PLAN**

1. **List where all food items and ice will be purchased (names of suppliers). Where will you be getting your water for the temporary event?** *All foods, water and ice must be purchased or obtained from an approved source.*
*****(private wells are not considered an approved source unless approved by DEQ, classified as a PWS)*****

2. **Describe how all foods on your menu will be transported, stored, prepared and served.** **Only menus with minimal food prep will be approved for a temporary license. A permitted commissary may be needed for extensive food prep or storage.*

3. **How do you plan to wash your hands?** *Every temporary food establishment shall have a hand washing facility that includes a handwashing sink or warm vessel (must have spigot that can be turned on and stay on for washing hands properly), soap, paper towels and a catch basin or retention tank.*

4. **How will wastewater and garbage be disposed?**

5. **List equipment and describe facilities that will be used at the temporary food establishment.** *All temporary food establishments must have adequate cooking, hot holding (>135°F) and refrigeration facilities (<41°F).*

6. **How are you going to wash, rinse, and sanitize equipment and utensils?** *(Test strips required for checking sanitizer concentration.)*

**TEMPORARY/INTERMITTENT FOOD
ESTABLISHMENT OPERATION PLAN**

Provide a sketch of your temporary/intermittent food establishment. (Identify all equipment for hand washing, hot holding, cold holding, utensil washing, and trash containment.)

EQUIPMENT CHECKLIST:

- 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.
- Single-service only -- plates, forks, cups, covered, kept off ground.
- Ready to eat foods must be handled with gloves and/or proper utensils.
- Food thermometers for checking cook temperatures.
- Thermometers in all cold-holding / hot holding units.

PLEASE NOTE: Incomplete applications will delay review or result in the application not being approved. Please take the time to fill out the application completely. Do not reference information provided on previous applications you have made to SCPHD.

The Idaho Food Code (IFC), Section 2-102.12, requires each food establishment to have a minimum of one (1) Food Protection Manager. For temporary food establishments, we will accept a copy of your Food Protection Manager 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 of Idaho's exam and it may be offered at SCPHD offices.

I understand that the permit is non-transferable and is based upon compliance with all food-handling regulations of the State of Idaho, determined on the basis of an inspection(s) by the local or state health authority and may be suspended for non-compliance with the Idaho Food Code. By signing, I testify that I have read, understand, and agree to comply with the above requirements during the temporary food establishment event; and I acknowledge receipt of the vendor's packet detailing information for safe food handling.

Print Name: _____

Applicant Signature: _____

Date: _____

**TEMPORARY/INTERMITTENT FOOD
ESTABLISHMENT OPERATION PLAN**

1. Approved
By 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

2. Approved
By 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

3. Approved
By 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

4. Approved
By 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

5. Approved
By 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

6. Approved
By 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

7. Approved
By 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

8. Approved
By 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

**TEMPORARY/INTERMITTENT FOOD
ESTABLISHMENT OPERATION PLAN**

Official Use Only

Establishment Number:	<u>14240-</u>	TFVE/CFPM:	YES <input type="checkbox"/> NO <input type="checkbox"/>
Prog Code:	SubProg Code:	County #	Water:
Risk:	High <input type="checkbox"/> Med <input type="checkbox"/>	EHS:	Sewer: _____ (1-Public, 2 Private)
Mail: 0 = Owner 1 = Establishment		Status: Active <input type="checkbox"/> Inactive <input type="checkbox"/>	
		PRINT PERMIT: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fee:	Receipt:	Review Date:	