



South Central Public Health District

Prevent. Promote. Protect.

Food Establishment License Application

New Change of Ownership
Type of Operation: Permanent Mobile

Previous Establishment: _____

Food Establishment Name: _____	
Physical Address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Manager/Contact: _____	Title: _____ Phone: _____
Email Address: _____	
Establishment Phone: _____	Emergency Phone: _____
Regional/District Manager: _____ Title: _____ Phone: _____	
Mailing Address: _____	City: _____ State: _____ Zip: _____
Email Address: _____	
Owner/Parent Company: _____	
Mailing Address: _____	City: _____ State: _____ Zip: _____
Type of Establishment:	<input type="checkbox"/> Food Service <input type="checkbox"/> Mobile Food Unit <input type="checkbox"/> USDA Program
	<input type="checkbox"/> Processing <input type="checkbox"/> Mobile Food Unit w/commissary
	<input type="checkbox"/> Retail Market <input type="checkbox"/> School/Institutional
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
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 to to to to

Menu served (not applicable to retail or convenience stores) Please attach copy of menu or list menu items on separate paper.

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 license prior to operating and renew the license annually. Food establishments must submit a renewal application by December 1st of each year for the forthcoming year, which begins January 1st. The appropriate license fee must be paid prior to the license being issued. The license is non-transferable and may be suspended 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 license 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 license fee. Without the fee, the application cannot be processed.**

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

Date

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

Establishment #: FS- _____	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 License: <input type="checkbox"/> Yes <input type="checkbox"/> No	Activation Date: _____	Fee Paid: \$ _____ Receipt #: _____
Comments: _____		
EHS Signature		Date

TWIN FALLS OFFICE
1020 Washington St N
Twin Falls ID 83301
(208) 737-5900
Fax (208) 734-5902

BELLEVUE OFFICE
117 E Ash St
Bellevue ID 83313
(208) 788-4335
Fax (208) 788-0098

MINI-CASSIA OFFICE
485 Roger Avenue
Heyburn ID 83336
(208) 678-8221
Fax (208) 678-7465

GOODING OFFICE
255 N Canyon Dr
Gooding ID 83330
(208) 934-4477
Fax (208) 934-8558

JEROME OFFICE
951 E Ave H
Jerome ID 83338
(208) 324-8838
Fax (208) 324-9554

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food@phd5.idaho.gov