



Food Establishment License Application

Instructions: Please review the entire application before making entries. **TYPE** or **PRINT IN INK.** Enter N/A where requested information does not apply. Leave **NO BLANK SPACES.** This application is for *year-round* and *seasonally* operated establishments. Please **ATTACH A MENU** to this application.

This application is submitted for: New Establishment New Establishment Name New Owner

<p>The name of your business and address where the food is stored, processed, prepared, packaged, handled, served, and/or sold for which this license will be issued.</p>	<h3 style="margin: 0;">ESTABLISHMENT INFORMATION</h3>
<p>Name of Establishment _____</p> <p>Address of Establishment _____ or Commissary _____</p> <p style="text-align: center;">City _____ State _____ Zip _____</p> <p>Establishment Mailing Address _____</p> <p style="text-align: center;">City _____ State _____ Zip _____</p> <p>Manager _____</p> <p style="text-align: center;">Name _____ Business Phone # _____</p> <p>Type of Food Establishment: Mobile Restaurant Caterer Bakery Food Processor Deli Kiosk (Circle One) Super Market School Lunch Tavern Meat Market Other _____</p> <p>Ethnic Group: American Chinese Japanese Mexican Middle East Thai</p>	

<p>The ownership name must be shown as the legal organization, (LLC or Corporation name), or person(s) name, (Sole Proprietor or Partnership), who has ultimate responsibility for maintaining operation of the ESTABLISHMENT in compliance with health laws and to whom the license will be issued. The PERMITEE is the person(s) or organization who will be permitted to operate the establishment, but is not the owner and to whom the license will be issued</p>	<h3 style="margin: 0;">OWNERSHIP INFORMATION</h3>
	<p style="text-align: center;">Ownership of Establishment is best described as:</p> <p style="text-align: center;"><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____</p> <p>Ownership Name _____</p> <p>Permitee Name _____ (if not the same as owner)</p> <p>Billing Address _____</p> <p style="text-align: center;">P.O. Box or Street _____ City _____ State _____ Zip _____</p> <p>Phone Numbers _____</p> <p style="text-align: center;">a.m./p.m. Home (Emergency) _____ Business _____ Cell _____</p> <p>E-mail Address _____</p>

-OFFICE USE ONLY-	
EHS#: _____ Establishment # _____	Status: <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> Unregulated Risk: L M H
County: ____ Jurisdiction: ____ Program Code: ____ Type Code: ____ Mail Options: ____ Service Code: ____ Group ID: ____	Inspection Type: R M H Roster: Y N License Code: L N C E U Master Establishment #: _____
Activation Date: ___/___/___ Next Inspection Date: ___/___/___ Approved: __ Disapproved: __ By EHS#: _____	Days between Inspections: _____

Download a copy of the Idaho Food Code: <http://healthandwelfare.idaho.gov/Portals>

Yes No Have you or your direct management ever had a food license or permit suspended or revoked?

As the applicant/applicant's agent, I hereby: (1) affirm that all requested information has been provided and is correct to the best of my knowledge (2) request that a license be issued to the Applicant to operate this Establishment, and (3) understand that the license is **not transferable to another person or location** and is the property of the issuing agency and may be revoked for failure to maintain compliance with health regulations, codes ordinances, and statutes.

Signature _____ Date ____/____/____

DATES /TIMES 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

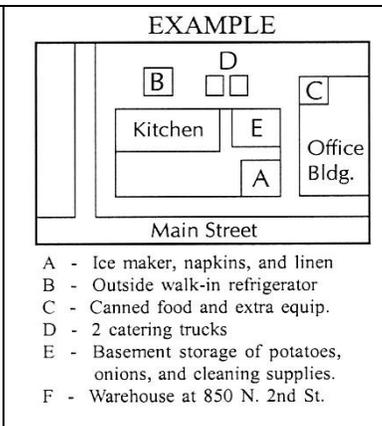
Days of Operation:	<input type="checkbox"/> Mon to	<input type="checkbox"/> Tue to	<input type="checkbox"/> Wed to	<input type="checkbox"/> Thur to	<input type="checkbox"/> Fri to	<input type="checkbox"/> Sat to	<input type="checkbox"/> Sun to
Hours of Operation: (Indicate am or pm)							

To be operated: <input type="checkbox"/> Year round, presently open <input type="checkbox"/> Year round, not yet open <input type="checkbox"/> Opening Date: _____ Seasonally (more than 14 days of operation) Opening Date: ____/____/____ Closing Date: ____/ ____/____	Types of systems this establishment utilizes: <table border="0"> <tr> <td><u>Water Supply</u></td> <td><u>Sewage Disposal</u></td> </tr> <tr> <td><input type="checkbox"/> Public/Community</td> <td><input type="checkbox"/> Public/Community</td> </tr> <tr> <td><input type="checkbox"/> Private</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td><input type="checkbox"/> Holding Tanks</td> <td><input type="checkbox"/> Holding Tanks</td> </tr> </table>	<u>Water Supply</u>	<u>Sewage Disposal</u>	<input type="checkbox"/> Public/Community	<input type="checkbox"/> Public/Community	<input type="checkbox"/> Private	<input type="checkbox"/> Private	<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Holding Tanks
<u>Water Supply</u>	<u>Sewage Disposal</u>								
<input type="checkbox"/> Public/Community	<input type="checkbox"/> Public/Community								
<input type="checkbox"/> Private	<input type="checkbox"/> Private								
<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Holding Tanks								

Remote Areas of Operation

Provide a graphic description to show areas of the food operation remote from the primary area, i.e. storage, offices, catering trucks.

Refer to example. In the example the kitchen is primary and the other areas as listed would be remote areas. Use a separate sheet of paper if additional space is needed.



PARTNERS, LLC, CORPORATION, OR OFFICIALS, MEMBER INFORMATION

Provide full names, titles, home/office mailing addresses, and phone numbers of the individuals that compose the ownership entity.	Full Name(s) _____ Title _____ _____ Title _____ _____ Title _____
	Address _____ P.O. Box or Street _____ City _____ State _____ Zip _____
	Phone _____ Office _____ Emergency _____ Cell _____
	E-Mail Address _____

APPLICANT'S AGENT

The person not shown as the applicant/owner who is entrusted to act on the applicant/owners behalf.	I am known to the applicant as: <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Partner (If other than applicant) <input type="checkbox"/> Registered Agent <input type="checkbox"/> Other _____
	Full Name _____
	Address _____ City _____ State _____ Zip _____
	Phone _____ E-Mail _____

Please return this application to the office for the county in which the establishment is located along with your menu.
 Address to: Central District Health Department, Office of Environmental Health.

Ada & Boise County 707 N. Armstrong Place Boise ID 83704-0825 Ph. 327-7499	Elmore County 520 E. 8 th North Mountain Home ID 83647 Ph. 587-4407	Valley County 703 N. 1 st Street McCall ID 83638 Ph. 634-7194
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