



Mobile 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

ESTABLISHMENT INFORMATION

The name of the business and address where the food is stored, processed, prepared, packaged, handled, served, and/or sold for which this license will be issued.

Name of Establishment _____

Address of Establishment
or Commissary _____

City _____ State _____ Zip _____

Establishment _____

Mailing Address _____

Manager _____

Name _____ Business Phone # _____

Type of Mobile Food Establishment: (Circle One) Self-sufficient Not self-sufficient Push Cart

Name of Commissary _____

Ethnic Group: American Chinese Japanese Mexican Middle East Thai Other _____

OWNERSHIP ENTITY

The ownership name must be shown as the legal organization (LLC, Corporation), or person(s) (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

Ownership entity of Establishment is best described as:

Sole Proprietor Partnership Corporation LLC Other _____

Ownership Name _____

Permitee Name _____

(if not same as owner) City _____ State _____ Zip _____

Billing Address _____

P.O. Box or Street _____ City _____ State _____ Zip _____

Phone Numbers _____

a.m./p.m. Home (Emergency) _____ Business _____ Cell _____

E-mail Address _____

-OFFICE USE ONLY-

EHS#: _____ Establishment # _____ Status: Active Pending 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://www.cdhd.idaho.gov/EH/food/regulations.htm>

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 ___/___/___

