



Ada & Boise Counties: 707 N Armstrong Place
Boise ID 83704-0825
208 327-7499 Fax:208 327-8553

Elmore County: 520 E. 8th N.
Mountain Home ID 83647
208 587-9225 Fax:208 587-3521

Valley County: 703 N. 1st Street
McCall ID 83638
208 634-7194 Fax:208 634-2174

TEMPORARY EVENT FOOD ESTABLISHMENT LICENSE APPLICATION

Must be submitted 30 days prior to event. **IDAHO FOOD CODE 8-302.11**

Your application may be denied if not submitted within specified time frame.

PLEASE PRINT CLEARLY

Establishment Information:

Establishment Name (Booth Name): _____

Establishment Mailing Address: _____
(City) (State) (Zip)

Establishment Telephone: _____ Establishment Fax: _____ E-mail: _____

Non-Profit Group: ☐ Yes ☐ No Name of Non-Profit Group: _____

☐ Accredited Food Safety Manager (Circle one) – 360 Training – ServSafe – NRFSP – Above Training/State Food Safety – Prometric

☐ Idaho Temporary Food Safety Certification

Menu Items: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____

11. _____ 12. _____ 13. _____ 14. _____ 15. _____

No additional menu items may be added to this application after license is issued.

Comments: _____

Establishment Ownership:

Legal Ownership of Establishment: _____

Mailing Address: _____
(City) (State) (Zip)

Ownership Telephone: _____ Ownership Fax: _____ E-mail: _____

Booth Person-in-Charge: _____ Telephone: _____ Cell Phone: _____

Secondary Booth Contact: _____ Telephone: _____ Cell Phone: _____

CDH Use Only:

Fee: _____ Date Received: _____ Receipt # _____ Received by: _____ License # _____

Risk Assessment: L M H FBN Approval Date: _____ ☐ Approved ☐ Disapproved ☐ Unregulated

EHS Consultation: _____

Time Log: Act _____ Time Min. _____ EHS# _____ / Act _____ Time Min. _____ EHS# _____ / Approved Training: ☐ Yes ☐ Req. ☐ Exempt

Operators of Temporary Event Food Establishments must complete the following sections, sign, date, and attach all supporting documentation to this application.

Planned Events / Locations

1. Event Name: _____
Opening Date: ____/____/____ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ____/____/____ Time _____

Event Location: _____
Closing Date: ____/____/____ Time _____
Coordinator Phone # : _____
☐ Public or ☐ Private
☐ Public or ☐ Private

Approved by: _____
EHS# _____

2. Event Name: _____
Opening Date: ____/____/____ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ____/____/____ Time _____

Event Location: _____
Closing Date: ____/____/____ Time _____
Coordinator Phone # : _____
☐ Public or ☐ Private
☐ Public or ☐ Private

Approved by: _____
EHS# _____

3. Event Name: _____
Opening Date: ____/____/____ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ____/____/____ Time _____

Event Location: _____
Closing Date: ____/____/____ Time _____
Coordinator Phone # : _____
☐ Public or ☐ Private
☐ Public or ☐ Private

Approved by: _____
EHS# _____

4. Event Name: _____
Opening Date: ____/____/____ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ____/____/____ Time _____

Event Location: _____
Closing Date: ____/____/____ Time _____
Coordinator Phone # : _____
☐ Public or ☐ Private
☐ Public or ☐ Private

Approved by: _____
EHS# _____

5. Event Name: _____
Opening Date: ____/____/____ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ____/____/____ Time _____

Event Location: _____
Closing Date: ____/____/____ Time _____
Coordinator Phone # : _____
☐ Public or ☐ Private
☐ Public or ☐ Private

Approved by: _____
EHS# _____

6. Event Name: _____
Opening Date: ____/____/____ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ____/____/____ Time _____

Event Location: _____
Closing Date: ____/____/____ Time _____
Coordinator Phone # : _____
☐ Public or ☐ Private
☐ Public or ☐ Private

Approved by: _____
EHS# _____

7. Event Name: _____
Opening Date: ____/____/____ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ____/____/____ Time _____

Event Location: _____
Closing Date: ____/____/____ Time _____
Coordinator Phone # : _____
☐ Public or ☐ Private
☐ Public or ☐ Private

Approved by: _____
EHS# _____

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.*
2. **Describe how and where all foods on the menu will be stored, prepared, transported, cooked, and served at the event.** *No extensive food preparation may be done onsite at the events. All foods prepared before the event must be prepared at a licensed facility or commissary and safely transported to the event for final assembly, cooking, and serving. Temperature Controlled for Safety Foods must be properly cooled and reheated. No home prepared food is permitted. Bare hand contact with ready to eat foods is prohibited.*
3. **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). Thermometers must be available for food temperature checks and in all refrigerators and cold holding units. Temporary event establishment's booth or set-up must be situated in a way that protects foods from environmental contamination (dust, debris, etc.).*
4. **Describe how hands will be washed.** *A handwashing facility or a portable handwashing station is required and must be present in the booth or temporary set-up. It must include a handwashing sink or warm water 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.*
5. **Describe how food contact surfaces and equipment will be cleaned and sanitized.** *Chlorine or quaternary ammonium based sanitizer must be present in the booth or temporary set-up. Appropriate test strips are required for checking sanitizer concentration.*
6. **How will wastewater and garbage be disposed?** *All wastewater and garbage must be disposed of at an approved site. Disposal on the ground or in a storm drain is prohibited.*

For more information on safe food handling practices please visit Central District Health's website:
<https://www.cdh.idaho.gov/community-health/food-establishments/food-safety-resources/>

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 Central District Health.

I understand that the license 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.

Applicant Signature: _____ Date: _____

Print Name: _____

****Please use reverse side of page for any additional information you would like to include with your application****