



**Environmental & Community Health Services**

208 455 5400 • FAX 208 455 5405 • 13307 Miami Lane • Caldwell • Idaho • 83607

## Temporary Food Establishment License Application

**Application must be submitted at least 7 days prior to the event. Failure to submit application on time will result in the rejection of the application.**

**Temporary Food Establishment:**

A food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration. **Permit Fee: 1-Day Event: \$35.00 / 2 or 3 Day Event: \$45.00 / 4 Days+/Multiple Events: \$80.00**

**Intermittent Food Establishment:**

A food vendor that operates for a period of time not to exceed three days per week, at a single specific location in conjunction with a recurring event, that offers time/temperature controlled for safety (TCS) foods. **Permit Fee: \$80.00**

**Low Risk/Cottage Food/Exempted Food Establishment:**

A food establishment that only offers non-time/temperature controlled for safety (non-TCS) foods that are provided directly to the end consumer. Fraternal, benevolent, or Non-profit charitable organizations may serve TCS foods as an exempted food establishment so long that the frequency of operation does exceed more than one day per week. **Permit Fee: \$0.00**

### Establishment Information

<b>Establishment Name (Booth Name):</b>	
<b>Dates the Booth Will Operate:</b>	<b>Time the Booth Will Operate:</b>
<b>Establishment Mailing Address:</b>	
<b>City/State:</b>	<b>Zip Code:</b>
<b>Establishment Telephone:</b>	<b>Establishment Email:</b>

### About the Temporary Event

<b>Temporary Event Name:</b>	
<b>Start Date/Time:</b>	<b>End Date/Time:</b>
<b>Location of Temporary Event:</b>	
<b>Event Coordinator Name:</b>	
<b>Event Coordinator Telephone:</b>	<b>Event Coordinator Email:</b>

### Contact Information Regarding the Application

<b>Name of Booth Contact 1:</b>	
<b>Telephone Number:</b>	<b>Email:</b>
<b>Name of Booth Contact 2:</b>	
<b>Telephone Number:</b>	<b>Email:</b>

## Menu/Operation

Menu Items: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_

Please note no additional menu items may be added to this application after license has been issued. If more space is needed, please attach any additional menu items on a separate page.

**1. List where all food ingredients and ice will be purchased (name of suppliers).**  
*(All food ingredients and ice must be purchased or obtained from an approved source.)*

**2. Where will potable water for the temporary food event be obtained?**  
*(Potable water must be obtained from an approved source.)*

**3. Describe how and where all foods on the menu will be stored, prepared, transported, cooked, and served at the event.**  
*(All foods prepared before the event must be prepared at a licensed facility or commissary and safely transported to the vent for final assembly, cooking, and serving. No home prepared food is permitted.)*

**4. Describe how hands will be washed on site at the event.**  
*(A handwashing facility or portable hand washing station is required and must be present in the booth or temporary set-up.)*

**5. How will you wash, rinse, sanitize, and air-dry food contact surfaces and equipment?**  
*(Chlorine or quaternary ammonium-based sanitizer must be present in the booth or temporary set-up. Appropriate test strips are required to be on site for checking sanitizer concentration.)*

**6. How will waste water and garbage be disposed of?**  
*(All waste water and garbage must be disposed of at an approved site. Disposal on the ground or in a storm drain is prohibited.)*

**Additional Planned Events / Locations**

<b>Event Name:</b>	
<b>Event Location:</b>	
<b>Opening Date/Time:</b>	<b>Closing Date/Time:</b>
<b>Coordinator Name:</b>	
<b>Coordinator Telephone Number:</b>	<b>Coordinator Email:</b>
<b>Event Name:</b>	
<b>Event Location:</b>	
<b>Opening Date/Time:</b>	<b>Closing Date/Time:</b>
<b>Coordinator Name:</b>	
<b>Coordinator Telephone Number:</b>	<b>Coordinator Email:</b>
<b>Event Name:</b>	
<b>Event Location:</b>	
<b>Opening Date/Time:</b>	<b>Closing Date/Time:</b>
<b>Coordinator Name:</b>	
<b>Coordinator Telephone Number:</b>	<b>Coordinator Email:</b>

**Additional Requirements**

**Please check each of the boxes after completing:**

I have watched the Temporary Food Establishment Safety video.

I have read the Temporary Food Establishment Quick Reference Checklist.

I have obtained either an Idaho Temporary Food Safety Certificate or a Certified Food Protection Manager Certificate.

**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 submitted to Southwest District Health.**

*By signing, I testify that 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 inspection(s) by the local or state health authority and may be suspended for non-compliance with the Idaho Food Code.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_