



Southeastern Idaho Public Health

2021 FOOD ESTABLISHMENT LICENSE APPLICATION

- Food Establishments: (\$160.00)
- Establishment requiring more than two (2) licenses on one (1) premises under common ownership: (\$200.00)
- Full Mobile/Intermittent: (\$72.00)
- Temporary: 1 day at 1 event (\$35.00); 2-3 days at 1 event (\$45.00); 4+ days OR multiple events (\$72.00)
- Mobile Unit or Temporary/Intermittent with commissary: (\$92.00)

Is this Application: New Change of Owner Renewal of Previous Application

Hereby Request a License for: _____
(Name of Establishment)

Applicants Name: _____
(Owner or Legal Agent) (Please Print)

Establishment Physical Address:
St: _____ City: _____ State: _____ Zip: _____
County _____

Establishment Billing Address:
St. /P.O. Box _____
City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Establishment. Phone: _____

Hours and Months of Operation _____

E-Mail Address _____

Water Supply: Public/Community Private

* If on private well water, please submit quarterly total coliform and yearly nitrate water sample test results to SIPH.

Sewage: Public Sewage Treatment Facility Private Septic System

* If your facility has mobile waste water tanks that need to be dumped, you must obtain signed documentation from a public sewage treatment facility showing their approval of your dumping at a designated site. This documentation must be submitted to SIPH with this application to receive your license.

Does this facility have a written illness policy? Yes No

Does this facility have a Certified Food Protection Manager (Idaho Food Code Section 2-102.20)? Yes No

Submit Menu

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 provided per Section 8-302.14(G). Application can only be signed by owner or legal agent. Unless exempted by Idaho Code 39-414.11, or defined as low risk, all food establishments are required to pay a license fee. **Without the fee, the application cannot be processed.**

Signature of Applicant _____ **Date** _____

Applicant status: Legal Owner Owner's Legal Agent

FOR DEPARTMENT USE ONLY

Approved by, EHS: _____ Date _____

Facility Type: _____ Risk: Medium High

Fee Amount \$ _____ Paid Yes No Receipt # _____