



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

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

Valley County: 703 N. 1st Street
Mc Call ID 83638
Ph: 208 634-7194 Fx: 208 634-2174

TEMPORARY EVENT FOOD ESTABLISHMENT LICENSE APPLICATION

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

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: _____

Contact Person: _____ Telephone: _____ Cell Phone: _____

CDHD 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 must be prepared before the event at a licensed commissary. Only final food assembly, cooking, and serving at the event will be allowed.*

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).*

4. **Describe how hands will be washed.** *Every temporary food establishment must have a hand washing facility that includes a hand-washing sink or warm water vessel (90 °F - 110 °F), soap, paper towels, and a catch basin or retention tank. The vessel must have a spigot that can be turned on and stay on for washing hands properly. No push button types are allowed.*

5. **How will wastewater and garbage be disposed?**

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 Department.

I understand that the license is non-transferable and is based upon compliance with all food-handing 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: _____

Drawing of Temporary Event Food Establishment

Identify all equipment for hand washing, hot holding, cold holding, utensil washing, and trash containment.

EQUIPMENT CHECKLIST

Did you remember...

- | | |
|--|---|
| <input type="checkbox"/> Hand washing set-up (soap, paper towels, and warm water) | <input type="checkbox"/> Thermometer (metal stem for food temperature checks) |
| <input type="checkbox"/> Sanitizer and appropriate test-strips (for wiping cloths/ utensil sanitization) | <input type="checkbox"/> Thermometers in all cold-holding / hot holding units |
| <input type="checkbox"/> Utensil wash set-up (4-step process) | <input type="checkbox"/> Single-use gloves, utensils, or paper to avoid bare handling of Ready-to-Eat foods. |
| <input type="checkbox"/> Wiping clothes and buckets | <input type="checkbox"/> All cold foods are to be held below 41°F. All hot foods are to be held at greater than 135°F. |