

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 | d for: New Establishment New Establishment Name New Owner | | | |
|--|--|------|--|--|
| | ESTABLISHMENT INFORMATION | | | |
| The name of the business and address where the food is stored, | Name of Establishment | | | |
| processed, prepared, packaged, handled, served, and/or sold for which this license will be issued. | 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 (Name of Commissary | Cart | | |
| | 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 | Ownership entity of Establishment is best described as: Sole Proprietor Partnership Corporation LLC Other | | | |
| person(s) (Sole Proprietor or | Ownership Name | | | |
| Partnership), who has ultimate responsibility for maintaining operation of | Permitee Name | | | |
| the ESTABLISHMENT in compliance with health | (if not same as owner | | | |
| laws and to whom the license will be issued. | Billing Address P.O. Box or Street City State Zip | _ | | |
| The PERMITEE is the person(s) or organization | Phone Numbers | | | |
| who will be permitted to operate the establishment, but is not | a.m./p.m. Home (Emergency) Business Cell E-mail Address | | | |
| the owner and to whom the license will be issued | | | | |

| | | | -OFFICE USE | ONLY- | | | |
|---|--|--|--|---|--|--|--|
| EHS#: Risk: L M H | Establishment # | | | | ☐ Active ☐ Pe | ending 🗌 Unre | egulated |
| County: Juris Group ID: | sdiction: Pro | ogram Code: _ | Туре Со | ode: l | Mail Options: | Service Co | de: |
| Inspection Type: | Inspection Type: R M H Roster: Y N License Code: L N C E U Master Establishment #: | | | | | | |
| Activation Date: _ | / Nex | xt Inspection I | Date:// | A | approved: Dis | sapproved: | By EHS#: |
| Days between Ins | spections: | | | | | | |
| Download a copy of | of the Idaho Food | Code: https:// | cdh.idaho.gov/ | community- | health/food-estal | blishments/ | |
| | Download a copy of the Idaho Food Code: https://cdh.idaho.gov/community-health/food-establishments/ Tes No Have you or your direct management ever had a food license or permit suspended or revoked? | | | | | ked? | |
| 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 | | | | | Da | ate/ | / |
| | | | /TIMES OF | OPERATI | | | |
| ☐ Year Round | ☐ Jan | ☐ Feb | <u>Лиш_0 от</u> | | ☐ April | П Мау | |
| June | _ | | | | _ | | |
| Doo | ☐ July | ☐ Aug | ☐ Se | pt | ☐ Oct | ☐ Nov | |
| Dec Days of | ☐ Mon | ☐ Tue | ☐ Wed | ☐ Thur | ☐ Fri | ☐ Sat | Sun |
| Operation: | to | to | to | to | to | to | to |
| Hours of | | | | | | | |
| Operation: (Indicate am or | | | | | | | |
| pm) | | | | | | | |
| To be operated: | | | | | Type | s of systems t | his |
| | | | | | | | |
| establishment u | | ☐ Year round | d. not vet open | | Wa | nter Supply | |
| □ Year round, p Sewage Disposa | resently open | ☐ Year round | d, not yet open | | <u>Wa</u> | ater Supply | |
| Year round, p Sewage Disposa Opening Date | resently open <u>l</u> e: | ☐ Year round | d, not yet open | | _ | ater Supply | , 🗆 |
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| Year round, p Sewage Disposal Opening Date Public/Communit Seasonally (more Private Opening Date: Holding Tanks | resently open l e: y e than 14 days of o | peration) osing Date: | | | □ Put | olic/Community vate (test resu ding Tanks | lts) |
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| PARTNERS, LLC, CORPORATION, OR OFFICIALS, MEMBER INFORMATION | | | | | | |
|---|--|-------------------------------------|--|--|--|--|
| | Full Name(s) | Title | | | | |
| | | | | | | |
| | · | Title | | | | |
| | | Title | | | | |
| Provide full names, titles, | | | | | | |
| home/office mailing addresses, and phone numbers of the individuals | Mailing Address | | | | | |
| that compose the ownership | City State Zip | | | | | |
| entity. | Phone | Cell | | | | |
| | Office Emerg | | | | | |
| | E-Mail | | | | | |
| | | | | | | |
| APPLICANT'S AGENT | | | | | | |
| (If other than applicant) I am known to the applicant as: | | | | | | |
| | ☐ Authorized Representative ☐ Partner ☐ Registered Agent | | | | | |
| | ☐ Other | | | | | |
| | Name | | | | | |
| The person not shown as | | | | | | |
| the applicant/owner who is | Mailing Address | | | | | |
| entrusted to act on the | | | | | | |
| applicant/owners behalf. | City State | Zip | | | | |
| | Phone Cell | | | | | |
| | E Mail | | | | | |
| | E-Mail | | | | | |
| | e for the county in which the establishme | nt is located along with your menu. | | | | |
| Address to: Central District Health, Office of | | | | | | |
| Ada & Boise County | Elmore County | Valley County | | | | |
| 707 N. Armstrong Place | 520 E. 8 th North | 703 N. 1st Street | | | | |
| Boise ID 83704-0825 | Mountain Home ID 83647 | | | | | |
| Ph. 327-7499 | Ph. 587-4407 | Ph. 634-7194 | | | | |

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Mobile Food Establishment Application Addendum

| Location Address | Days | Hours |
|------------------|---------------------|-------|
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| | Su M T W Th F Sa | |

| | Su M T W Sa | | | |
|--|----------------------|----------------------|--|--|
| | Su M T W Sa | Th F | | |
| Daily Route Information | | | | |
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| Special Eve | ents You Routinely A | ttend | | |
| Event Name | Event Dates | Coordinator of Event | | |
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