



Food Establishment License Application

Instructions: This application is for *year-round* and *seasonally* operated permanent establishments. Please review the entire application before making entries.

- Type or print in ink.
- Leave no blank spaces. Enter N/A where requested information does not apply.
- Attach a menu to this application.

This application is submitted for: New Establishment New Establishment Name New Owner

<p>The NAME OF ESTABLISHMENT means the <i>name of the business or DBA (Doing Business As)</i> requesting a license to operate and address where the food is stored, processed, prepared, packaged, handled, served, and/or sold.</p>	ESTABLISHMENT INFORMATION
	<p>Name of Establishment _____</p> <p>Address of Establishment or Commissary _____</p> <p style="text-align: center;">City State Zip</p> <p>Establishment _____</p> <p>Mailing Address _____</p> <p>Manager _____</p> <p style="text-align: center;">Name Business Phone #</p> <p>Type of Food Establishment: Restaurant Caterer Bakery Food Processor Deli Kiosk (Circle One) Super Market School Lunch Tavern Meat Market Other _____</p> <p>Ethnic Group: American Chinese Japanese Mexican Middle East Thai</p>

<p>The OWNERSHIP NAME must be shown as the <i>legal organization (LLC, Corporation), or person(s) (Sole Proprietor or Partnership)</i>, who has ultimate responsibility for maintaining operation of the Establishment in compliance with health laws and to whom the license will be issued.</p>	OWNERSHIP ENTITY
	<p style="text-align: center;">Ownership entity of Establishment is best described as:</p> <p><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____</p> <p>Ownership Name _____</p> <p>Permitee Name _____ (not the owner)</p> <p>Billing Address _____</p> <p style="text-align: center;">P.O. Box or Street City State Zip</p> <p>Phone Numbers _____</p> <p style="text-align: center;">a.m./p.m. Home (Emergency) Business Cell</p> <p>E-mail Address _____</p>

-OFFICE USE ONLY-	
EHS#: _____ Establishment # _____	Status: <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> Unregulated Risk: L M H
County: ___ Jurisdiction: _____ Program Code: _____ Type Code: _____ Mail Options: _____ Service Code: _____ Group ID: _____	
Inspection Type: R M H Roster: Y N License Code: L N C E U Master Establishment #: _____	
Activation Date: ___/___/___ Next Inspection Date: ___/___/___ Approved: ___ Disapproved: ___ By EHS#: _____	
Days between Inspections: _____	

Download a copy of the Idaho Food Code: <http://healthandwelfare.idaho.gov/Health/FoodProtection/IdahoFoodCode/tabid/765/Default.aspx>

Yes No Have you or your direct management ever had a food license or permit suspended or revoked?

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 _____ Date ___/___/___

DATES /TIMES OF OPERATION:							
<input type="checkbox"/> Year Round	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June	
	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	
Days of Operation: Hours of Operation: (Indicate am or pm)	<input type="checkbox"/> Mon to	<input type="checkbox"/> Tue to	<input type="checkbox"/> Wed to	<input type="checkbox"/> Thur to	<input type="checkbox"/> Fri to	<input type="checkbox"/> Sat to	<input type="checkbox"/> Sun to
To be operated:				Types of systems this establishment utilizes:			
<input type="checkbox"/> Year round, presently open <input type="checkbox"/> Year round, not yet open <input type="checkbox"/> Opening Date: _____ Seasonally (more than 14 days of operation) Opening Date: ___/___/___ Closing Date: ___/___/___				<u>Water Supply</u> <u>Sewage Disposal</u> <input type="checkbox"/> Public/Community <input type="checkbox"/> Public/Community <input type="checkbox"/> Private <input type="checkbox"/> Private <input type="checkbox"/> Holding Tanks <input type="checkbox"/> Holding Tanks			

<p>Remote Areas of Operation</p> <p>Provide a graphic description to show areas of the food operation remote from the primary area, i.e. storage, offices, catering trucks.</p> <p>Refer to example. In the example the kitchen is primary and the other areas as listed would be remote areas. Use a separate sheet of paper if additional space is needed.</p>	<p>EXAMPLE</p> <p style="font-size: small;">A - Ice maker, napkins, and linen B - Outside walk-in refrigerator C - Canned food and extra equip. D - 2 catering trucks E - Basement storage of potatoes, onions, and cleaning supplies. F - Warehouse at 850 N. 2nd St.</p>	
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PARTNERS, LLC, CORPORATION, OR OFFICIALS, MEMBER INFORMATION	
<p>Provide full names, titles, home/office mailing addresses, and phone numbers of the individuals that compose the ownership entity.</p>	<p>Full Name(s) _____ Title _____ _____ Title _____ _____ Title _____</p> <p>Address _____ P.O. Box or Street _____ City _____ State _____ Zip _____</p> <p>Phone _____ Cell _____ Office _____ Emergency _____</p> <p>E-Mail _____</p>

APPLICANT'S AGENT	
<p>The person not shown as the applicant/owner who is entrusted to act on the applicant/owners behalf.</p>	<p>I am known to the applicant as: <input type="checkbox"/> Authorized Representative <input type="checkbox"/> Partner (If other than applicant) <input type="checkbox"/> Registered Agent <input type="checkbox"/> Other _____</p> <p>Full Name _____ Address _____ City _____ State _____ zip _____ Phone _____ Email _____</p>

Please return this application to the office for the county in which the establishment is located along with your menu.
Address to: Central District Health, Office of Environmental Health.

<p><i>Ada & Boise County</i> 707 N. Armstrong Place Boise ID 83704-0825 Ph. 327-7499</p>	<p><i>Elmore County</i> 520 E. 8th North Mountain Home ID 83647 Ph. 587-4407</p>	<p><i>Valley County</i> 703 N. 1st Street Mc Call ID 83638 Ph. 634-7194</p>
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