



# Southwest District Health

Environmental Health Services

920 Main Street • Caldwell • Idaho 83605 (208) 455-5400

Establishment # TEC-\_\_\_\_\_

## Application for Food Establishment License

Purpose (check one)  New Construction  Change of Owner  Informational Change  Remodel  Conversion

### Section A

#### Person Applying for Food Licensure:

Applicant Name: _____		Birth Date: _____/_____/_____
Print		
Applicant Mailing Address: _____		Phone Number ( ) _____ - _____
Street _____	City _____ State _____ Zip _____	( ) _____ - _____
Applicant Signature _____		E-mail: _____

#### Business Information:

Business Name: _____		Phone Number ( ) _____ - _____
Business Street Address: _____		Business Mailing Address: _____
Street _____	City _____ State _____ Zip _____	Street _____ City _____ State _____ Zip _____
Business e-mail (if applicable) _____		Business Fax: ( ) _____ - _____

#### Ownership:

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association
<input type="checkbox"/> Corporation	<input type="checkbox"/> Other: _____	

#### Please provide name/title and address of owner(s):

Owner Name _____	Address _____	Phone _____
Name and Title _____	Address _____	
Name and Title _____	Address _____	
Name and Title _____	Address _____	

#### Local Resident Agent (if required by business type)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### Manager of Establishment (on-site contact):

Name _____	Title _____
Address _____	Phone _____

#### If Applicable District Supervisor Regional Supervisor

Name _____	Title _____
Address _____	Phone _____

**Before issuing a food permit, the permit holder shall submit to SWDH properly approved plans and specifications for review and approval. (Idaho Food Code 8-201.11)**

Is this application for:  New Construction  Remodel  Conversion?

- A) If new construction, have plans been submitted and a plan review been conducted.  
 Yes  No - supply SWDH with a copy of plans and *\$100.00 review fee.*
- B) If a building conversion/remodel is planned, please describe the changes made.  
 Adding square footage to the food preparation or kitchen area.  
 Converting building from a market/office/retail setting to a food service style establishment.  
 New mobile unit with no previous Idaho Food License, or newly constructed.  
 Other \_\_\_\_\_

If a box is checked, please supply SWDH with a copy of plans and *\$100.00 review fee.*

- C) Mobile unit licensed in Idaho and a copy of old food license is attached.  
 No plan review required
- D) New equipment added to facility.  
 Yes - An Environmental Health Specialist will determine if a plan review is required

**Type of Operation:**

<input type="checkbox"/> Food Service	<input type="checkbox"/> Market	<input type="checkbox"/> Processing
<input type="checkbox"/> Fast Food/Taverns (605/010) <input type="checkbox"/> Full Service Restaurant (605/011) <input type="checkbox"/> Vending Operation (605/041) <input type="checkbox"/> Elementary School (616/090) <input type="checkbox"/> School/Other (616/091) <input type="checkbox"/> Hospital (616/094) <input type="checkbox"/> Correction Facility (616/095)	<input type="checkbox"/> Retail/Grocery/C-Store (610/010) <input type="checkbox"/> Produce Market (610/020) <input type="checkbox"/> Meat Market (610/030) <input type="checkbox"/> Deli (610/040) <input type="checkbox"/> Fish (610/060) <input type="checkbox"/> Bakery (610/060)	<input type="checkbox"/> Food Processor/Packaging (615/010) <input type="checkbox"/> Bottling Operation (615/020) <input type="checkbox"/> Other (615/030)
		<input type="checkbox"/> Mobile Food (602/011) Vehicle License # _____

Food establishment does not prepare, but offers for sale, only pre-packaged food that is not potentially hazardous.

Food establishment does not prepare, but offers for sale, only pre-packaged food that is potentially hazardous (pre-made sandwiches, lunchmeats, frozen entrées).

**Hours of Operation**

Monday \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. Tuesday \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m.  
 Wednesday \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. Thursday \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m.  
 Friday \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. Saturday \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m.  
 Sunday \_\_\_\_\_ : \_\_\_\_\_ a.m./p.m.

Is planned establishment  year round or  seasonal?

If seasonal, what months will you operate: \_\_\_\_\_

**Section B**

**Additional Information about your Food Establishment**

To assist in the determination of the food establishment risk type, please complete the following section. This information will be used to assist the Environmental Health Specialist in determining what risk factors may influence your establishment.

**Demonstration of Knowledge:**

Name of Certified Food Handlers:

1. \_\_\_\_\_ Exp. Date \_\_\_\_\_ 2. \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Course Attended**

- (a) State Food Exam
- (b) Health District Course
- (c) Experior
- (d) Serve Safe
- (e) National Registry of Food Service Professionals (NRFSP)
- (f) Other \_\_\_\_\_

Score Received \_\_\_\_\_

Section B - Continued

**Approved Sources and Menu Analysis:**

1. Please provide proposed menu.

2. What time is food delivered to the establishment?

morning  afternoon  evening

3. Does the food establishment serve wild game or wild mushrooms?

Yes - Is there documentation?  No

What items appear on menu:

\_\_\_\_\_

4. Are additives added to any foods (sulfites, MSG)?

Spices are not considered additives.

Yes

No

5. Are raw food products cooked in the microwave oven?

Yes, what menu items?

\_\_\_\_\_

6. What form of egg product is used?

Pasteurized egg

Shell egg

Menu items for shell eggs:

\_\_\_\_\_

\_\_\_\_\_

7. Are shellfish sold or prepared on site?

regularly  special occasions  seasonally

No – shellfish not served at this establishment.

When or how often do shellfish items appear on menu?

\_\_\_\_\_

Harvester's tag or label is attached until container is empty/tags stored on file for 90 days.

8. Are in house ready-to-eat products prepared (pasta, potato, tuna, egg salads)?

Yes, what types?  No

\_\_\_\_\_

\_\_\_\_\_

9. Are commercially processed foods prepared on site (salad dressings, BBQ sauce)?

Yes, what types?  No

\_\_\_\_\_

\_\_\_\_\_

10. Is batch cooking a process used at the establishment?

What food items are prepared and when (morning, afternoon, evenings)?

\_\_\_\_\_

Yes, how are temperatures monitored?

\_\_\_\_\_

How are cooling processes monitored?

\_\_\_\_\_

\_\_\_\_\_

11. Is time for food holding used as a method to prevent bacteriological growth (warmers and deli cases)?

Yes, how is this monitored?  No

\_\_\_\_\_

\_\_\_\_\_

12. Does the establishment offer a catering service?

Yes  No

Provide a menu if different than the establishment menu.

**Water Supply:**  City Water Supply  Community Water System  Private Well

**Community Name:** \_\_\_\_\_

A copy of the establishment's menu has been attached/or list the menu on a separate sheet of paper.

**Consumer Advisory:**

If an animal food such as beef, egg, fish, lamb, milk, poultry, or shellfish is raw, undercooked or not otherwise processed to eliminate pathogens, and is offered in a ready to eat form, or as a raw ingredient in another ready-to-eat food, the license holder must inform the consumer of health risks.

The license holder must use any effective means to inform consumers of potential health risks including:

Brochures  Deli-case placards  Signs  In Menu  Verbally

**Warning must state:**

**“Consuming raw or undercooked meats and poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.”**

**Section C**

**Written request for preoperational inspection 30 days prior to opening (application meets requirement).**

Has applicant received the Idaho Food Safety and Sanitation Manual (if applicable).  Yes  No  
 Has applicant received a copy of the Idaho Food Code.  Yes  No

**⊛⊛Separate approvals:**

Contact the local building, fire, plumbing, and electrical department for their requirements. If alcohol beverages are to be sold, contact the Alcohol Beverage Control Bureau (Idaho Department of Law Enforcement) for approval.

**Food license expiration.** The license for an Idaho food establishment expires on December 31<sup>st</sup> of each year.

**Renewal of license.** A renewal application and a license fee must be submitted to the regulatory authority by December 1<sup>st</sup> of each year for the next calendar year starting January 1<sup>st</sup>.

**License is not transferable.** A license may not be transferred when ownership changes, according to section 8-304.20. The new owner must apply for his own license.

**Idaho Food Code 8-301.11 and IDAPA 16.02.19 Application for License**

**I have been given a copy of the Responsibilities of the Permit Holder – Initial \_\_\_\_\_**

**I understand and hereby agree to comply with the rules governed by the Idaho Food Code, and the Responsibilities of the Permit Holder as contained in the Idaho Food Code Section 8-304.11. As the legal owner/agent I attest to the accuracy of the information provided in this application form.**

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Indicate whether signature is that of  Legal Owner or  Agent

Please Print Owner's Name \_\_\_\_\_

**Please return application and fees.  
 Address to Environmental Health Services, Southwest District Health**

<p><b>For Office Use Only:</b></p> <p>Est. # TEC- _____ Risk _____ EHS# _____</p> <p>Sewage      Water      PWS # _____  <input type="checkbox"/> Public    <input type="checkbox"/> Public  <input type="checkbox"/> Private   <input type="checkbox"/> Private                  Insp. Inter: _____</p> <p>Coding                  STYPE _____ Disp. _____ Other _____</p>	<p><b>Promoting and Protecting your Health in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><b>Caldwell</b>                      920 Main 83605                      455-5400                      Fax 455-5405</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>Nampa</b>                      824 S. Diamond 83686                      465-8402                      Fax 442-2809</p> </td> <td style="width: 33%; vertical-align: top;"> <p><b>Weiser</b>                      46 W. Court 83672                      549-2370                      Fax 549-2371</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>Emmett</b>                      1008 E. Locust 83617                      365-6371                      Fax 365-4729</p> </td> <td colspan="2" style="vertical-align: top;"> <p><b>Payette</b>                      1155 3<sup>rd</sup> Ave. N 83661                      642-9321                      Fax 642-5098</p> </td> </tr> </table>	<p><b>Caldwell</b>                      920 Main 83605                      455-5400                      Fax 455-5405</p>	<p><b>Nampa</b>                      824 S. Diamond 83686                      465-8402                      Fax 442-2809</p>	<p><b>Weiser</b>                      46 W. Court 83672                      549-2370                      Fax 549-2371</p>	<p><b>Emmett</b>                      1008 E. Locust 83617                      365-6371                      Fax 365-4729</p>	<p><b>Payette</b>                      1155 3<sup>rd</sup> Ave. N 83661                      642-9321                      Fax 642-5098</p>	
<p><b>Caldwell</b>                      920 Main 83605                      455-5400                      Fax 455-5405</p>	<p><b>Nampa</b>                      824 S. Diamond 83686                      465-8402                      Fax 442-2809</p>	<p><b>Weiser</b>                      46 W. Court 83672                      549-2370                      Fax 549-2371</p>					
<p><b>Emmett</b>                      1008 E. Locust 83617                      365-6371                      Fax 365-4729</p>	<p><b>Payette</b>                      1155 3<sup>rd</sup> Ave. N 83661                      642-9321                      Fax 642-5098</p>						
<p>Food Fee \$ _____ Date _____ Receipt # _____ Initial _____                  Payment Type: <input type="checkbox"/> Cash    <input type="checkbox"/> Check    <input type="checkbox"/> Credit Card</p> <p>Plan Review Fee \$ _____ Date _____ Receipt # _____ Initial _____                  Payment Type: <input type="checkbox"/> Cash    <input type="checkbox"/> Check    <input type="checkbox"/> Credit Card</p>							

# Southwest District Health

Environmental Health Services, 920 Main Street Caldwell, Idaho 83605 (208) 455-5400

## Idaho Food Code Compliance and Enforcement Policies

### RESPONSIBILITIES OF THE PERMIT HOLDER § (8-304.11)

Upon acceptance of the *Permit* issued by Southwest District Health to operate a food establishment, the permit holder in order to retain the *Permit* to operate the establishment shall:

- 1) Post the *Permit* in a location in the *food establishment* that is conspicuous to consumers;
- 2) Comply with the provisions of this Code including the conditions of a granted *variance* as specified under § 8-103.12 and *approved* plans specified under § 8-201.12;
- 3) If a *food establishment* is required under § 8-201.13 to have a Hazard Analysis Critical Control Point (HACCP) *Plan* it must comply with the plan as specified under § 8-103.12;
- 4) Immediately report to *Southwest District Health* any food employees diagnosed with *Salmonella typhi*, *Shigella* spp., (shiga toxin-producing) *Escherichia coli*, or Hepatitis A virus, see § 2-201.15;
- 5) **Immediately discontinue operations and notify Southwest District Health if an imminent health hazard may exist such as a fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition or any other circumstance that may endanger public health** according to § 8-404.11;
- 6) Allow Southwest District Health or other health authority representatives upon due notice, reasonable access to the food establishment for inspections, information, or sample collection, and to access records, as specified under § 8-402.11;
- 7) Replacement of existing facilities and equipment specified under § 8-101.10 with facilities and equipment that comply with this Code if:
  - a) Southwest District Health directs the replacement because the facilities or equipment constitute a public health risk, are a nuisance, or no longer comply with their initial accepted criteria or intended use,
  - b) Southwest District Health directs the replacement of the facilities and equipment due to a change of ownership, or
  - c) The facilities and equipment are replaced in the normal course of operation.
- 8) Comply with directives of Southwest District Health including time frames specified for corrective actions on inspection reports, notices, orders, warnings, and other directives issued by Southwest District Health regarding the LICENSE HOLDER'S FOOD ESTABLISHMENT or in response to community emergencies.
- 9) Accept notices issued and served by Southwest District Health according to LAW and
- 10) Be subject to administrative, civil, injunctive, and criminal remedies authorized in LAW for failure to comply with this Code or a directive of Southwest District Health including time frames for corrective actions specified in inspection reports, notices, orders, warnings, and other directives.