



# Southwest District Health

Environmental Health Services

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

Establishment # TEC-2-\_\_\_\_\_

## Application for Temporary Food Establishment License

Temporary food establishments preparing potentially hazardous foods are entitled to set up for three events in the District for one \$65 fee annually.

**↗ Fraternal, Benevolent, and not-for-profit organizations are exempt from licensure if providing food for one day at any event or celebration during a calendar week. ↖**

### Applicant Information:

The Organization/Business Name	Applicant Name
Mailing Address	Applicant Phone: Hm. _____ - _____ Wk _____ - _____ Cell _____ - _____
Responsible Person for Booth	Phone Hm. _____ - _____ Wk _____ - _____ Cell _____ - _____
<input type="checkbox"/> For Profit Organization <input type="checkbox"/> Not for Profit Organization	
If licensed, please indicate permit # and health district:	
Establishment Name: _____	
Permit # _____ Health District/State _____	

### General Event Information:

Name of Event #1	Date of Event #1 Beginning ___/___/___ Ending ___/___/___
Location of Event	Time of Event #1 __:__ am to __: __ pm

**➔ Temporary food licensure allows an individual or organization to attend three events during the calendar year. If you are planning to provide food at other events, Southwest District Health must be notified prior to that event. Please list the other events planned.**

Name of Event #2	Date of Event #2 Beginning ___/___/___ Ending ___/___/___
Location of Event	Time of Event #2 __:__ am to __: __ pm

Name of Event #3	Date of Event #3 Beginning ___/___/___ Ending ___/___/___
Location of Event	Time of Event #3 __:__ am to __: __ pm

**Menu Information** (List the full menu to be served at the event)

Event #1	Event #2	Event #3

Where will food be purchased?	Store name(s)	
Will any menu items be prepared prior to the start of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No  Menu items will only be prepared on site <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where will the food be prepared?	
All foods prepared prior to the event are required to be made at a licensed facility. A signed commissary agreement (attached) is required for approval of this application. <u>Idaho Food Code 3-201.11</u>		Has the commissary agreement been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will frozen foods be thawed at the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain the method to be used?	
How will leftover cooked foods be handled at the end of each day?	Explain the method	

**Equipment Information**

How will food temperatures be monitored at the event?
Provide the type of equipment to be used at the event for:  Cold holding (refrigeration) _____  Hot holding (warm or cooked foods) _____  Cooking (grill) _____
Hand Washing Facilities: <input type="checkbox"/> Plumbed sink <input type="checkbox"/> Gravity flow set-up
Utensil washing facilities <input type="checkbox"/> 3 compartment sink <input type="checkbox"/> 3 container sanitizing set-up
How will hot water be made available?
What type of Sanitizer? <input type="checkbox"/> Bleach <input type="checkbox"/> Quaternary Ammonia

**Additional Information:**

Please provide a sketch of the booth's set-up

**Booth Construction:**

Mobile unit  Wood/metal frame  Pushcart  Other – Describe \_\_\_\_\_

**Specify the facilities provided for the following**

Water Supply: <input type="checkbox"/> City Water Supply <input type="checkbox"/> Community Water System <input type="checkbox"/> Private Well
Community Name: _____
Disposal of liquid waste <input type="checkbox"/> On site <input type="checkbox"/> Off site location _____
Garbage disposal <input type="checkbox"/> On site <input type="checkbox"/> Off site location _____

I agree to comply with all State and District rules and regulations, and will permit access to the establishment at all reasonable times to representatives of Southwest District Health for the purpose of inspection. In the event of my failure to comply with any of the terms herein set forth, I further agree that my permit shall be revoked or suspended.

\_\_\_\_\_  
Signature of Responsible Person \_\_\_\_\_  
Date

**Please return application and \$65 fee.  
Address to Environmental Health Services, Southwest District Health**

<p><b>For Office Use Only:</b></p> <p>Est. # TEC-1-_____ Risk ____</p> <p>EHS# ____</p> <p>Sub Type: 605 Disp: 031</p>	<p><b>Promoting and Protecting your health in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties:</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"><b>Caldwell</b></td> <td style="width: 33%;"><b>Nampa</b></td> <td style="width: 33%;"><b>Weiser</b></td> </tr> <tr> <td>920 Main 83605 455-5400 Fax 455-5405</td> <td>824 S. Diamond 83686 465-8402 Fax 442-2809</td> <td>46 W. Court 83672 549-2370 Fax 549-2371</td> </tr> <tr> <td><b>Emmett</b></td> <td colspan="2"><b>Payette</b></td> </tr> <tr> <td>1008 E. Locust 83617 365-6371 Fax 365-4729</td> <td colspan="2">1155 3<sup>rd</sup> Ave. N 83661 642-9321 Fax 642-5098</td> </tr> </table>	<b>Caldwell</b>	<b>Nampa</b>	<b>Weiser</b>	920 Main 83605 455-5400 Fax 455-5405	824 S. Diamond 83686 465-8402 Fax 442-2809	46 W. Court 83672 549-2370 Fax 549-2371	<b>Emmett</b>	<b>Payette</b>		1008 E. Locust 83617 365-6371 Fax 365-4729	1155 3 <sup>rd</sup> Ave. N 83661 642-9321 Fax 642-5098	
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Fee \$ \_\_\_\_\_. \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Receipt # \_\_\_\_\_ Initial \_\_\_\_\_  
 Cash  Check \_\_\_\_\_  Credit Card

**Pre-Opening Self Checklist for Temporary Food Service Establishments**

- A complete hand wash station, which includes an insulated container with hot water, a waste container for gray water, hand soap, and paper towels. Employees must wash hands before starting work.**
- All food items from an approved source.**
- The stand must have sufficient equipment to hold cold food at 41°F or less.**
- The establishment must have sufficient equipment to cook food to the correct temperature, and hold food at 135°F or above.**
- Prepare foods fresh each day – no cooling or reheating of food items.**
- An adequate supply of gloves or utensils to minimize bare hand contact.**
- Appropriate thermometers for all refrigerators, freezers, and hot holding units.**
- Provide a metal-stem or digital probe thermometer to check internal temperatures.**
- An approved sanitizer solution and dish wash facility.**
- Employees cannot eat, drink or smoke in the food establishment area at any time.**
- Wastewater from the hand wash station must be disposed of at an approved site.**
- Outside cooking equipment shall have an adequate barrier around it to prevent consumer injury.**
- Food stand has protection from the elements with three walls and ceiling.**

If you have any questions, please contact your local Environmental Health Specialist!

**Promoting and Protecting Your Health in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties:**

<b>Caldwell</b> 920 Main 83605 455-5400 Fax 455-5405	<b>Nampa</b> 824 S. Diamond 83686 465-8402 Fax 442-2809	<b>Weiser</b> 46 W. Court 83672 549-2370 Fax 549-2371	<b>Emmett</b> 1008 E. Locust 83617 365-6371 Fax 365-4279	<b>Payette</b> 1155 3 <sup>rd</sup> Ave. N. 83661 642-9321 Fax 642-5098
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# Southwest District Health

Environmental Health Services  
920 Main Street • Caldwell, Idaho 83605

(208) 455-5400

Fax (208) 455-5405

## COMMISSARY AGREEMENT Temporary Food Booths

Establishment #: TEC-1- \_\_\_\_\_

**Limited-service mobile food units and pushcarts may prepare, sell, and serve hot dogs, chorizos, German sausage, and similar foods. Food prepared in a private home may not be used or offered for human consumption in a food establishment - Idaho Food Code Section 3-201.11.B**

This commissary shall be a base of operation for all mobile food units or operations. Such commissary, its operations, food, and employees, shall meet the requirements of IDAPA 16.02.19 "Rules Governing Food Safety and Sanitation Standards for Food Establishments" (Idaho Food Code) in its entirety. Mobile food units shall report to the commissary as needed each operating day for cleaning and servicing operations.

**Failure to follow this agreement may result in legal action being taken to suspend or revoke your permit to operate this mobile food unit.**

OPERATION NAME: \_\_\_\_\_

OWNER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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I agree to provide commissary services for the above mobile food unit. My facility meets all requirements provided in IDAPA 16.02.19 "Rules Governing Food Safety and Sanitation Standards for Food Establishments" (Idaho Food Code), and is a licensed food establishment.

BUSINESS NAME: \_\_\_\_\_

OWNER OR MANAGER NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

BUSINESS FOOD ESTABLISHMENT LICENSE NUMBER: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_