

EASTERN IDAHO PUBLIC HEALTH DISTRICT FOOD ESTABLISHMENT LICENSE APPLICATION

Idaho Statute 39-1604 states, "License requirements for food establishments. -No person, firm or corporation shall operate a food establishment without a license approved by the director of the department of health and welfare or his designee. Food establishment licenses shall not be transferable and the type of license and any restrictions will be specified on the license." Annual renewal of license is required. Fee depends of the type of establishment and is for any portion of the year. (Please ask Environmental Health staff what the license fee will be.)

Please provide the following information and return to:

**Eastern Idaho Public Health District
Environmental Section
1250 Hollipark Dr.
Idaho Falls, Idaho 83401**

Legal Owner or Agent: _____ **Phone # ()** _____

Mailing Address: _____ City: _____ Zip: _____

If Legal Owner is Corporation, name of Contact Person _____ Phone # () _____

Name to be put on the license under "Issued To": (print) _____
(Person or Corporation name; not the establishment name)

Name of Establishment: _____ **Phone # ()** _____

Location Address: _____ City: _____ Zip: _____

E-mail Address: _____ FAX #: _____

Mailing Address: _____ City: _____ Zip: _____

Partners and/or Parent Company (if applicable):

Name: _____ Phone # () _____

Mailing Address: _____ City: _____ Zip: _____

Please provide the following additional information:

New Owner () New Food Establishment () Remodeling ()
Proposed months of operation: From: _____ To: _____ Days Operating (Circle): Su M T W Th F S
Proposed hours of operation: From: _____ To: _____

** New applicants: Please provide a copy of your menu, or list your menu on a separate paper.*

Water source: _____ **Septic source:** _____

I understand and hereby agree to the TERMS AND CONDITIONS OF A LICENSE as contained in the STATE OF IDAHO FOOD CODE. (IDAPA 16.02.19)

(*Note* a license cannot be issued without the legal owner's or agent's signature)

Signed: _____ **Date:** _____
(Legal owner/agent)

FOR OFFICIAL USE ONLY

INSPECTION CATEGORY	REGULAR ()	HACCP ()	MODIFIED HACCP ()	FOOD CODE ()
RISK CATEGORY	LOW ()	MEDIUM ()	HIGH ()	
SEASON	PERMANENT ()	SEASONAL ()	TEMPORARY* (must fill out different form) ()	

TYPE OF ESTABLISHMENT _____ Amount Paid _____
First Regular Inspection Date by _____ Establishment # _____ Date Paid _____ Receipt # _____

Approved for License by: _____ **Date:** _____