



ENVIRONMENTAL HEALTH DIVISION

1250 Hollipark Drive • Idaho Falls, ID 83401
208.523.5382 • fax 528.0857
www.idaho.gov/phd7

Promoting the Health of People & Their Environment

FOOD LICENSE EXEMPTION STATEMENT
(FOOD CODE 1-201.10 (36) (c))

A FOOD LICENSE IS NOT REQUIRED IN IDAHO WHEN:

- A. An establishment offers only prepackaged FOODS that are not POTENTIALLY HAZARDOUS;
- B. A produce stand that only offers whole, uncut fresh fruits and vegetables;
- C. Exempt, such as:
 - 1. Private Homes for Non-commercial, family or personal use.
 - 2. Fraternal, benevolent or non-profit charitable organizations which do not serve:
 - a. Non-potentially Hazardous Food (NPHF) more than five (5) consecutive days on no more than three occasions per year, or
 - b. All other foods more than one(1) meal a week.
 - 3. Bed & breakfast establishments (10 bed maximum).
 - 4. Low-risk food establishments, which offer only factory-sealed NPHF not sold to licensed food establishments and not advertised.
 - 5. Agricultural market foods.
 - 6. Licensed Outfitter/Guide and similar operations for which:
 - a. A special activity is the main attraction;
 - b. Food is incidental to the main attraction;
 - c. Admission is by advance reservation; and,
 - d. The activity is not available to walk-in customers.
 - 7. Day care providers.
 - 8. Establishments licensed by other agencies.

A FOOD LICENSE AND A LICENSE FEE ARE REQUIRED IN IDAHO WHEN:

- A. The food service or establishment is not exempt.
- B. The operation meets the FOOD CODE definition of a Food Establishment, A Food Service Establishment, or a Food Processing Establishment.
- C. The food establishment meets the FOOD CODE definition of Medium-risk or High-risk (cold holding, heating, or cooling of Potentially Hazardous Food).

These criteria apply equally to temporary, mobile, fixed-location, or home-based food establishments for profit or not.

Types of Food Licenses: **Full or Seasonal** (annual) and **Temporary** (14 days maximum).

I have read and understand the **FOOD LICENSE EXEMPTION STATEMENT**, on the reverse of this form, and certify that my/our intended food service establishment will not violate the FOOD CODE and is EXEMPT from food licensing requirements in Idaho.

Place(s) of event(s) Please give Names and addresses of events: _____

Intended Dates and Times of food service: _____

Intended foods to be served: _____

Name of food service establishment (organization, group or person)

Name of Contact Person: _____

Address of Contact Person: _____

City, State, Zip _____

Phone # of Contact Person: _____

Furthermore, it is hereby mutually agreed that, if at any time this food service establishment decides to change its menu or operation such that it is no longer EXEMPT, the local Health District will be notified in advance of the change so that proper licensing can be accomplished.

Signature of Food Service Representative

Date

Signature of EIPHD Representative

Date