

Environmental Health Services

13307 Miami Lane, Caldwell, ID 83607 Phone: 208.455.5400 Fax: 208.455.5405

Application to Provide Food Services as a Food Vendor During a **Temporary Event**

Temporary Food Establishment:

Permit Fee: \$65.00 A food establishment that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration.

Intermittent Food Establishment:

Permit Fee: \$65.00 A food vendor that operates for a period of time, not to exceed three days per week, at a single specific location in conjunction with a recurring event, and that offers temperature control for safety foods.

Licensure Requirements:

According to the Idaho Food Code 8-302.11, an application must be submitted 30 calendar days prior to the planned day of opening. Southwest District Health (SWDH) will do all it can do to process this application if submitted in less than 30 days prior to the event. If the application is submitted less than seven (7) days prior to the event, the submitted application may not be approved and potentially hazardous foods cannot be served. A SWDH Environmental Health Specialist will contact you in one (1) business day if submitted less than seven (7) days prior to the planned event to grant approval to operate.

One fee will cover the temporary or intermittent food license for a calendar year if:

- * The same menu is served at each event.
- * Proof that a food license has been paid for at another district (copy of receipt or permit).
- * Proof that the same menu is being served at the planned event.

A copy of the food license with menu is required to be posted in the booth at each event.

If a vendor plans to operate in multiple health districts, the vendor must obtain a food license for that event from the local health department. If the same menu is served, no additional fee will be required.

- 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.
- ♦ Vendors that are selling non-potentially hazardous foods such as factory sealed and prepackaged foods are exempt from licensure. An application is still required, and once reviewed the Environmental Health Specialist will determine if the products meet the above criteria.

The person responsible for the food booth must re-apply for each event not listed on this application. An additional event application must be submitted seven days prior to the next planned event.

Your food booth may not be inspected at each event, but SWDH may still inspect at any time the establishment is operating.

Some instances may include:

- → Previous violations noted on past site visits
- →Operating at multiple day events.
- → Setting up a booth that is operating in different seasons (temperature changes).

Incomplete Applications Will Not Be Processed



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Application for Temporary/Intermittent Food License

☑ A non-refundable \$65.00 application fee (payable to SWDH) is required at time of submittal.

☑ Application must be submitted seven days prior to the planned event.

| ABOUT YOUR BOOTH AND | BUSINESS | | | | |
|----------------------------------------------------------------------------------|---------------|--|---------|--|--|
| Name on booth sign: | | | | | |
| Date and time booth will first be set up: | | | | | |
| Date(s) and time(s) booth wil | l operate: | | | | |
| Business name booth will or | perate as: | | | | |
| Business address: | | | | | |
| Business phone | Business fax: | | E-mail: | | |
| CONTACT INFORMATION REGARDING THE APPLICATION | | | | | |
| Name of booth operator: | | | | | |
| Home address: | | | | | |
| Home phone | _ Home fax: | | E-mail: | | |
| ABOUT THE TEMPORARY | EVENT | | | | |
| Temporary event name: | | | | | |
| | Dates from: | | | | |
| Location of temporary event: | | | | | |
| Organizer of the temporary event: | | | | | |
| Event organizer phone numberCell phone: | | | | | |
| Time/date booths are allowed to set-up: | | | | | |
| CONTACT INFORMATION DURING THE EVENT | | | | | |
| Name of booth contact #1: | | | | | |
| Name of booth contact #2: | | | | | |
| FOOD INSPECTION INFORMATION ★Please attach a copy of the most recent inspection. | | | | | |
| Agency that inspects your business: | | | | | |
| Date of most recent inspection: | | | | | |

PREPARATION and SET-UP

Will any menu items be prepared prior to the start of the event?

| ☐ Yes ☐ No | | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| If yes, where will the food be prepared? | | | |
| All foods prepared prior to the event are A signed commissary agreement (attache Food Code 3-201.11). | ed) is required for approv | | |
| Provide the type of equipment to be used: | | | |
| Cold holding of food? | | | |
| Hot holding of food? | | | |
| Cooking of food? | | | |
| Foods prepared in a temporary t | ype food booth cannot be o | cooled and re-served | |
| Hand wash facilities | □Plumbed sink | □Gravity flow | |
| Utensil washing facility | | | |
| □ compartment sink | □ container sanitizer set-up | | |
| 1 | olic water | ☐Private well | |
| A private well will require the water to be Inside the box below, please show all equip | | | |
| equipment. This diagram should represent v | | | |
| | on-site visit. | | |
| I agree to comply with all State and District rules ar reasonable times to representatives of SWDH for th | ne purpose of inspection. In th | e event of my failure to comply with | |
| any of the terms herein set forth, I further agree tha | at my permit shall be revoked o | or suspended. | |
| Signature of Responsible Person | | Date | |
| For Office Use Only Est. #: Date: Receipt #: | Owyhee, Payette, and Washi Environmental Caldwell: 13307 Miami Lane | our health in Adams, Canyon, Gem, ington Counties. Health Office Locations Phone: 455.5400/Fax: 455.5405 Phone: 365.6371/ Fax:365.4729 | |
| Intermittent Temporary | Payette: 1153 3rd Ave North I | Phone 642.9321/Fax: 642.5098 | |

MENU AND FOOD SOURCE

Any menu change shall result in the need to purchase a new food license.

| Menu Source (May be restricted) | Source of Food Product (Store name) | | |
|------------------------------------------------|-------------------------------------|--|--|
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| | | | |
| Packaged products to be sold: | | | |
| to operating. A menu change shall result in th | | | |
| Signature of Responsible Person | Date | | |
| Event Listings: | | | |
| Event name: | | | |
| Event location: | | | |
| Event coordinator: | Phone #: | | |
| Open date: | Close date: | | |
| Event name: | Set up time: | | |
| Event location: | | | |
| Event coordinator: | Phone #: | | |
| Open date: | Close date: | | |
| Event name: | Set up time: | | |
| Event location: | | | |
| Event coordinator: | Phone #: | | |
| Open date: | Close date: | | |
| Event name: | Set up time: | | |
| Event location: | | | |
| Event coordinator: | Phone #: | | |
| Open date: | Close date: | | |
| Event name: | Set up time: | | |
| Event location: | | | |
| Event coordinator: | | | |
| Open date: | Close date: | | |