

2025 FOOD ESTABLISHMENT LICENSE APPLICATION

[] Establishn [] Full Mobi [] Temporar [] Mobile Un PLEASE NO If services are	nent requiring more than le/Intermittent: (\$80.00 y: 1 day at 1 event (\$35.00 nit or Temporary/Intermite: e taken off-site and into se is required.	(0) (00); 2-3 days at 1 even mittent with commissa	ent (\$45.00); 4+ day ry: (\$100.00)	ys OR mu	ltiple events (\$80.0	00)
Is this Application:	[] New [] (Change of Owner	[] Renewal o	f Previou	s Application	
Hereby Request a Li (Name	icense for: of Establishment)					
Applicants Name:	(Owner or Legal Agent)					
	(Owner or Legal Agent)	(Please Print)				
Establishment Physi		City		Ctata	7:	
Si: County		City:		_State:	Zip:	
Establishment Billing St. /P.O. Box City:	g Address:	State:Zip	:			
Home Phone:	Cell Phon	e:	_ Establishment.	Phone:		
Hours and Months of	Operation					
E-Mail Address						
If on private well wate Sewage: [] Public Safe If your facility has motreatment facility showing this application to receivable.	e a written illness polic	total coliform and yearly ity [] Private t need to be dumped, you umping at a designated s y?[] Yes [] No	Septic System must obtain signed do ite. This documentation	ocumentation must be s	on from a public sewa submitted to SIPH with	h
Does this facility hav	e a Certified Food Pro			on 2-102.2	20)?[]Yes[]1	No
of the information provided po	n agreement to the terms and coner Section 8-302.14(G). Applicati hments are required to pay a li	on can only be signed by owner	in Section 8-304.11 of the l or legal agent. Unless exen	pted by Idaho	Code 39-414.11, or defin	acy ned
Signature of Applica	<mark>ınt</mark>			Date		
Applicant status:	Legal Owner []	Owner's Le	egal Agent []			
		FOR DEPARTMENT USE	ONLY			
Approved by, EHS: _			Diole F 1M-J:	Date_		
Facility Type:	Doid I Was I	1 No Booint #	Risk: [] Medi	um [] Hig	Rii	