



IDAHO COTTAGE FOOD/LOW RISK FOOD/FRATERNAL, BENEVOLENT OR NONPROFIT CHARITABLE ORGANIZATION ASSESSMENT

Business/Organization Name		Bus/Org Phone #				
Bus/Org address or production local	ation					
Name of Owner	(P. O. Box/Street)	(City)	Contact Phone #	(State)	(Zip)	
Owner's Mailing Address:						
Name of Operator/Manager	(P. O. Box/Street)	(City)	Email	(State)	(Zip)	
Type of Business/Organization						
Dates of Operation(s)						
PLEAS	E PROVIDE A COMPLET (Either below or on a se		MENU ITEMS			
Owner/Agent's Signature			_Date:			
NOTE TO OPERATOR: Examples of confruit jams and jellies, fruit pies, breads, confections, dried fruits, dry herbs, season do not make medicinal claims.	akes that do not require refrigeration,	pastries and cook	ries that do not require re	efrigeration, ca	andies and	
As an operator of a fraternal, benevolent, owith Title 39-1602, Idaho Code.	or non-profit charitable organization (FBI	N) you are exempt	from licensure requiremen	ts if operating in	n accord	
If you intend to sell or serve foods that requ consignment) you are a regulated food es food that requires temperature control for fo	stablishment and must meet all the req	uirements of IDAI	HO FOOD CODE (IFC) re	egulations. A T		
If you intend to package the finished prod as allergen information, if applicable. Co				sk for more o	detail such	
	HEALTH DISTRI	ICT USE				
Risk Assessment 1. Low Risk/FBN 2. Medium Risk 3. High Risk	Action 1. Exempt from licensure requi 2. Regulated under IDAHO FO		HO FOOD Code			
Environmental Health Specialist:_		Date:				
Comments:						

If the above listed items are considered low risk at this time, the consumer is to be informed by a clearly visible placard at the sales or service location that the food is prepared in a kitchen that is not subject to regulation and inspection by the regulatory authority. Please follow safe food handling practices.

3/29/2016