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

<table>
<thead>
<tr>
<th>Temporary Food Establishment:</th>
<th>Permit Fee: 1-Day Event: $35.00 / 2 or 3 Day Event: $45.00 / 4 Days+/Multiple Events: $72.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent Food Establishment:</td>
<td>Permit Fee: $72.00</td>
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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 multiple event 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**
Application for Temporary/Intermittent Food License

☐ A non-refundable 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) the booth will operate: _________________________________________________________
Time the booth will operate: ___________________________________________________________
Business address: _________________________________________________________________
Iness 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: _______________________________________________________________
Location of temporary event: _________________________________________________________
Organizer of the temporary event: _____________________________________________________
Event organizer phone number ___________ Cell 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 required to be made at a licensed food establishment. A signed commissary agreement (attached) is required for approval of this application (Idaho Food Code 3-201.11).

Provide the type of equipment to be used:

Cold holding of food?

____________________________________________________________________________________

Hot holding of food?

____________________________________________________________________________________

Cooking of food?

____________________________________________________________________________________

| Foods prepared in a temporary type food booth cannot be cooled and re-served |
| Hand wash facilities | ☐ Plumbed sink | ☐ Gravity flow |
| Utensil washing facility | ☐ compartment sink | ☐ container sanitizer set-up |
| Water source | ☐ Public water | ☐ Private well |

A private well will require the water to be tested for nitrate and bacteria before the planned event.

Inside the box below, please show all equipment you will be using at the event, and the location of all equipment. This diagram should represent what the Environmental Health Specialist will see during the on-site visit.

____________________________________________________________________________________

I agree to comply with all State and District rules and regulations, and will permit access to the establishment at all reasonable times to representatives of SWDH for the purpose of inspection. In the event of my failure to comply with any of the terms herein set forth, I further agree that my permit shall be revoked or suspended.

Signature of Responsible Person

____________________________________________________________________________________

Date

For Office Use Only

Promoting and Protecting your health in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties.

Environmental Health Office Locations

Caldwell: 13307 Miami Lane Phone: 455.5400/Fax: 455.5405
Emmett: 1008 Locust Street Phone: 365.6371/Fax: 365.4729
Payette: 1153 3rd Ave North Phone 642.9321/Fax: 642.5098

MENU AND FOOD SOURCE
Any menu change shall result in the need to purchase a new food license.

Packaged products to be sold:

This is the planned menu for this event. Any changes must be approved seven (7) days prior to operating. A menu change shall result in the need to purchase a new food license.

<table>
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<tr>
<td>Event coordinator: ______________________</td>
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Signature of Responsible Person: __________________________ Date: ______________