



Mobile Food Establishment License Application

Instructions: Please review the entire application before making entries. **TYPE** or **PRINT IN INK**. Enter N/A where requested information does not apply. Leave **NO BLANK SPACES**. This application is for **year-round** and **seasonally** operated establishments. Please **ATTACH A MENU** to this application.

This application is submitted for: New Establishment New Establishment Name New Owner

ESTABLISHMENT INFORMATION	
<p>The name of the business and address where the food is stored, processed, prepared, packaged, handled, served, and/or sold for which this license will be issued.</p>	Name of Establishment _____
	Address of Establishment or Commissary _____
	City _____ State _____ Zip _____
	Establishment Mailing Address _____
	Manager _____
	Type of Mobile Food Establishment: (Circle One) Self-sufficient Not self-sufficient Push Cart
	Name of Commissary _____
Ethnic Group: American Chinese Japanese Mexican Middle East Thai Other _____	

OWNERSHIP ENTITY	
<p>The ownership name must be shown as the legal organization (LLC, Corporation), or person(s) (Sole Proprietor or Partnership), who has ultimate responsibility for maintaining operation of the ESTABLISHMENT in compliance with health laws and to whom the license will be issued. The PERMITEE is the person(s) or organization who will be permitted to operate the establishment, but is not the owner and to whom the license will be issued</p>	Ownership entity of Establishment is best described as: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
	Ownership Name _____
	Permittee Name _____
	(if not same as owner)
	Billing Address _____
	P.O. Box or Street _____ City _____ State _____ Zip _____
	Phone Numbers _____
a.m./p.m. Home (Emergency) _____ Business _____ Cell _____	
E-mail Address _____	

-OFFICE USE ONLY-

EHS#: _____ Establishment # _____ Status: Active Pending Unregulated Risk: L M H

County: _____ Jurisdiction: _____ Program Code: _____ Type Code: _____ Mail Options: _____ Service Code: _____ Group ID: _____

Inspection Type: R M H Roster: Y N License Code: L N C E U Master Establishment #: _____

Activation Date: ___/___/___ Next Inspection Date: ___/___/___ Approved: ___ Disapproved: ___ By EHS#: _____

Days between Inspections: _____

Download a copy of the Idaho Food Code: <http://www.cdh.idaho.gov/EH/food/regulations.htm>

Yes No Have you or your direct management ever had a food license or permit suspended or revoked?

As the applicant/applicant's agent, I hereby: (1) affirm that all requested information has been provided and is correct to the best of my knowledge (2) request that a license be issued to the Applicant to operate this Establishment, and (3) understand that the license is **not transferable to another person or location** and is the property of the issuing agency and may be revoked for failure to maintain compliance with health regulations, codes ordinances, and statutes.

* Signature _____ Date ___/___/___

DATES /TIMES OF OPERATION:

<input type="checkbox"/> Year Round	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
	<input type="checkbox"/> July	<input type="checkbox"/> Aug	<input type="checkbox"/> Sept	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec

Days of Operation: Hours of Operation: (Indicate am or pm)	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

To be operated: _____ **Types of systems this establishment utilizes:**

<input type="checkbox"/> Year round, presently open	<input type="checkbox"/> Year round, not yet open	<u>Water Supply</u>	<u>Sewage Disposal</u>
<input type="checkbox"/> Opening Date: _____		<input type="checkbox"/> Public/Community	<input type="checkbox"/> Public/Community
Seasonally (more than 14 days of operation)		<input type="checkbox"/> Private (test results)	<input type="checkbox"/> Private
Opening Date: ___/___/___ Closing Date: ___/___/___		<input type="checkbox"/> Holding Tanks	<input type="checkbox"/> Holding Tanks
Potable water source (name) _____		Sewage disposal dump site	

If the water supply is from a private well, lab analysis is required.

Submit the following:

1. **Completed Application**
2. **Mobile Food Operation Plan**
3. **Drawing of unit lay-out**
4. **Identify equipment (ANSI)**
5. **Facility plan review (remodel and new construction)**

Note: There is a fee for plan review and a fee for annual inspection and license.

Choose one readily mobile unit:

- Self-Sufficient Vehicle or Trailer** – Unit is equipped for preparing perishable Potentially Hazardous Food/Temperature Controlled for Safety (PHF/TCS) foods, cooking, hot and cold storage, dry storage, utensil washing, hand washing etc. on the unit with self-contained potable water supply and wastewater storage. Pressurized hot and cold water is required in mobile unit.
- Vehicle or Trailer not Self-sufficient**- Servicing commissary required for PHF/TCS food preparation, cooking, reheating, cold and frozen storage, dry goods storage, utensil washing, washing the unit, potable water, and wastewater disposal due to equipment needs. Pressurized hot and cold water is required in mobile unit.
- Push Cart**- Unit not self-propelled and must be hauled by a vehicle or pushed to move from one location to another. Servicing commissary is required for limited PHF/TCS foods. The unit must have refrigeration that meets ANSI standards. Pressurized hot and cold water is required in mobile unit.

PARTNERS, LLC, CORPORATION, OR OFFICIALS, MEMBER INFORMATION

Provide full names, titles, home/office mailing addresses, and phone numbers of the individuals that compose the ownership entity.

Full Name(s) _____ Title _____
 _____ Title _____
 _____ Title _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____
Office Emergency

E-Mail _____

APPLICANT'S AGENT

The person not shown as the applicant/owner who is entrusted to act on the applicant/owners behalf.

(If other than applicant) **I am known to the applicant as:**

Authorized Representative Partner Registered Agent

Other _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-Mail _____

Please return this application to the office for the county in which the establishment is located along with your menu.

Address to: Central District Health, Office of Environmental Health.

Ada & Boise County 707 N. Armstrong Place Boise ID 83704-0825 Ph. 327-7499	Elmore County 520 E. 8 th North Mountain Home ID 83647 Ph. 587-4407	Valley County 703 N. 1 st Street Mc Call ID 83638 Ph. 634-7194
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Mobile Food Establishment Application
Addendum

Location Address	Days	Hours
	Su M T W Th F Sa	
	Su M T W Th F Sa	
	Su M T W Th F Sa	
	Su M T W Th F Sa	

Daily Route Information

Special Events You Routinely Attend

Event Name	Event Dates	Coordinator of Event