



Public Health

Idaho North Central District

215 10th Street
Lewiston, ID 83501
799-3100

333 E Palouse River Dr
Moscow, ID 83843
882-7506

903 West Main Street
Grangeville, ID 83530
983-2842

105 115th Street
Orofino, ID 83544
476-7850

132 N Hill Street
P O Box 277
Kamiah, ID 83536
935-2124

FOOD PERMIT APPLICATION

Business Name: _____ Business Phone # _____

Business Street Address: _____
(City) (State) (Zip)

Email address (quick communication on food issues): _____

Name and Address where permits, receipts, etc. are to be mailed:

Name: _____

Address: _____

Owner/Operator: _____ Home Phone # _____

Owner/Operator Mailing Address _____

Name of Manager _____ Home Phone # _____

Mobile/Temporary Food Operations (Note: back of application must also be completed)

Number of mobile units _____ Unit being licensed (vehicle license #) _____

Is Commissary used? Yes _____ No _____

If yes, Location of Commissary _____

Owner of Commissary _____

Commissary agreement required if commissary is owned by other than applicant owner (please attach)

Months of Operation: January - December Other (specify): _____

Multiple Food Operations/Departments under same roof, same ownership

Number of Operations/Departments: 1-2 3 or more

List Menu Items on Back or Supply Copy of Menu

Signature of the applicant is an agreement to the terms and conditions of a license as contained in Section 8-304.11 of the *Idaho Food Code* and attests to the accuracy of the information provided per Section 8-302.14(G). **Application can only be signed by owner or legal agent. Unless exempted by *Idaho Food Code* §39-414.11, or defined as low risk, all food establishments are required to pay a license fee. Without the fee, the application can not be processed.**

Owner/Agent's Signature _____ Date _____

- FOR OFFICE USE ONLY -

Action

1. N - New Permit #: _____

2. C - Change of Ownership

Old Establishment Name: _____ Establishment #: _____

County # _____ Jurisdiction #: _____ Program Code: _____ / _____ Risk/Assessment: M or H

Approved By: _____ Next Inspection Date: _____
(Environmental Health Specialist) EHS Number (Date) (Date)

Fee Amount Paid \$ _____ Cash Check # _____ Date Paid: _____ Receipt # _____

