



# Panhandle Health District

Healthy People in Healthy Communities

**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District

To: All Temporary / Intermittent Food Service Vendors  
From: Environmental Health Division/Food Program  
Subject: **Temporary or Intermittent Food Service License Application**

A food license fee is required for all establishments handling time and temperature controlled for safety foods (TCS foods). Applications without the license fee will not be processed. Idaho Code §39-1604 states, "No person, firm or corporation shall operate a food establishment for which no other state or federal food safety inspection or license is required, without a license approved by the director of the department of health and welfare or his designee."

No additional fee for events within the same calendar year and with the same menu will be required however; declaration of events / locations must be declared and placed with license along with copy of menu.

When operating in another district than that which issued license, that district will require the vendor to show proof that he's paid a fee for that calendar year and is serving the same menu. Proof of local commissary (if required) may also be required.

An Intermittent food service establishment is one that operates at a single, specified location in conjunction with a recurring event. Examples of recurring event may be a: farmers' or community market or a holiday market.

Fraternal, Benevolent, and Nonprofit Charitable Organizations:

- A temporary food service operation by a nonprofit charitable organization serving **non-TCS foods**, is not considered a "food establishment and is **not required to be licensed**.
- A temporary food service operation by a nonprofit charitable organization serving TCS foods **for one day (per week), is not required to be licensed**.
- A temporary food service operation by a nonprofit charitable organization serving food for a period not to exceed five (5) consecutive days on no more than (3) occasions per year for foods which are **not TCS**, or if the food is served no more than one (1) meal a week for all other foods is **not required to be licensed**.
- \*\*\* Please complete all questions on the application, attach a complete menu, a letter from your commissary, (which includes the commissary's name and license number, address, telephone number) - signed and dated by the owner, and submit with the current license fee.

***Applications must be submitted to this office for review within 72 hours (3 working days) prior to the event. An incomplete application may cause a delay and/or disapproval of your application. Applications received after the 72-hour deadline will not be accepted and the applicant will not be allowed to operate.***

*If you have any questions, please feel free to contact this office. Thank you.*

8500 N. ATLAS RD HAYDEN, ID 83835

[www.PanhandleHealthDistrict.org](http://www.PanhandleHealthDistrict.org)



# Panhandle Health District

Healthy People in Healthy Communities

## TEMPORARY/INTERMITTENT EVENT FOOD SERVICE APPLICATION

ESTABLISHMENT INFORMATION	LICENSE HOLDER / OWNER / LESSEE
Business Name: _____ Business Mailing Address: _____ _____ City _____ State: ____ Zip: _____  Business Telephone #: _____ Fax #: _____ Email: _____  Non-Profit Group? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Group: _____	Name: _____ Title: _____ Owners Mailing Address: _____ _____ City: _____ State: ____ Zip: _____  Owners Telephone #: _____ Fax #: _____ Secondary Contact Person: _____ Title: _____ Telephone #: _____

District 1 Offices:

Benewah County - 137 N. Eighth St., <u>St. Maries</u> , ID 83861	(208) 245-4556
Bonner County – 2101 Pine St., <u>Sandpoint</u> , ID 83864	(208) 265-6384
Boundary County – 7402 Caribou, <u>Bonnets Ferry</u> , ID 83805	(208) 267-5558
Kootenai County – 8500 N Atlas Rd, <u>Hayden</u> , ID 83835	(208) 415-5200
Shoshone County - 35 Wildcat Way, Suite A, <u>Kellogg</u> , ID 83837	(208) 783-0707

## TEMPORARY / INTERMITTENT EVENT

PLEASE NOTE: Incomplete applications will delay review or result in the application not being approved. Do not reference information provided on previous applications you made with the Panhandle Health District. Thank you.

## PLANNED EVENTS/LOCATIONS

Comments: _____ _____	<p align="center"><u>Panhandle Health District Use Only:</u></p> Fee Paid _____ Receipt Number _____ Date: _____  Establishment Number: _____  EHS: _____ Clerical: _____
-----------------------------	---

8500 N. ATLAS RD HAYDEN, ID 83835



# Panhandle Health District

Healthy People in Healthy Communities

**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District

License # \_\_\_\_\_

1. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_  
 Event Coordinator Name: \_\_\_\_\_  
 Event Coordinator # and/or Email: \_\_\_\_\_  
 Commissary: \_\_\_\_\_ License# \_\_\_\_\_ Phone: \_\_\_\_\_  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_  Public or  Private

Approved  
by:

2. Event Name \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_  
 Event Coordinator Name: \_\_\_\_\_  
 Event Coordinator # and/or Email: \_\_\_\_\_  
 Commissary: \_\_\_\_\_ License# \_\_\_\_\_ Phone: \_\_\_\_\_  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_  Public or  Private

Approved  
by:

3. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_  
 Event Coordinator Name: \_\_\_\_\_  
 Event Coordinator # and/or Email: \_\_\_\_\_  
 Commissary: \_\_\_\_\_ License# \_\_\_\_\_ Phone: \_\_\_\_\_  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_  Public or  Private

Approved  
by:

4. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_  
 Event Coordinator Name: \_\_\_\_\_  
 Event Coordinator # and/or Email: \_\_\_\_\_  
 Commissary: \_\_\_\_\_ License# \_\_\_\_\_ Phone: \_\_\_\_\_  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_  Public or  Private

Approved  
by:

5. Event Name: \_\_\_\_\_ Event Location: \_\_\_\_\_  
 Event Date(s): \_\_\_\_\_  
 Event Coordinator Name: \_\_\_\_\_  
 Event Coordinator # and/or Email: \_\_\_\_\_  
 Commissary: \_\_\_\_\_ License# \_\_\_\_\_ Phone: \_\_\_\_\_  
 Water Source Name: \_\_\_\_\_  Public or  Private  
 Sewage Disposal: \_\_\_\_\_  Public or  Private

Approved  
by:



# Panhandle Health District

Healthy People in Healthy Communities

## TEMPORARY/ INTERMITTENT EVENT FOOD ESTABLISHMENT

Temporary / Intermittent event food establishments must complete this section, sign, date and attach all supporting documents to this application. This includes any moveable push carts, vending trucks, trailers, tents, booths, bicycle, water craft, or other movable unit and fixed facilities used for temporary / intermittent events.

- 1. Please list a complete menu of food items to be served.**

---

---

---

---

- 2. List where all food items and ice will be purchased** (Name of Supplier). Where will you be getting your water for the unit? All foods, water, and ice must be purchased or obtained from an approved source.

---

---

---

---

- 3. Describe how all foods on your menu will be sorted, transported, prepared, and served.**

NOTE: All foods must be prepared before the event at a licensed commissary. Only final food assembly, cooking and serving at the event is allowed.

---

---

---

---

**IMPORTANT!** Unless you are a full-service mobile food unit, all food vendors must have a commissary (a licensed, approved facility) for storage of food, food preparation and clean-up of equipment.

**Written approval from your commissary with the commissary name, license number, address, telephone number and signed by owner/manager must be attached to this application.**



# Panhandle Health District

*Healthy People in Healthy Communities*

**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District

**4. List all equipment and describe facilities that will be used at the temporary / intermittent food establishment.**

- All temporary / intermittent food establishments must have adequate cooking, holding, and refrigeration facilities to hold foods below 41 ° F or above 135°F. Mechanical refrigeration units must be pre-chilled to 41 ° F or less prior to being filled with food.
- Food grade hoses are required for filling potable water tanks. Do not forget to clean and sanitize tanks prior to use.
- Every temporary / intermittent unit must be constructed in a manner that protects the food from outside elements, such as wind, rain, dust, etc.
- Single service articles shall be provided for use by the customers.
- Ready to eat foods must be handled with gloves and/or proper utensils

---

---

---

---

**5. Include a sketch of the temporary / intermittent food establishment that shows placement of equipment, sinks, water tanks, refrigeration, counter tops, and work areas.**



# Panhandle Health District

*Healthy People in Healthy Communities*

**Public Health**  
Prevent. Promote. Protect.  
Panhandle Health District

**6. How do you plan to wash your hands?** (Every temporary food establishment must have a hand washing vessel (101°F), soap, paper towels and a catch basin or retention tank. The vessel must have a spigot that can be turned on and stay on for washing hands. No push button types allowed).

---

---

---

**7. How will you dispose of your waste water and garbage?** (All waste water and garbage must be disposed of at an approved site).

---

---

---

**8. How do you plan to wash and sanitize equipment and utensils?**

---

---

---

**9. There must be a toilet facility available for your use during all hours of operation. Please list its location.**

---

---

---

I have read and understand the above requirements and agree to comply with these requirements for my temporary / intermittent / intermittent event food establishment.

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature: \_\_\_\_\_

License Holder / Owner / Lessee     Agent / Title \_\_\_\_\_



# Panhandle Health District

Healthy People in Healthy Communities

## SHARED FOOD FACILITY/COMMISSARY AGREEMENT

This form is to be submitted with proposals for a Mobile or Temporary / Intermittent Food Facility Permit. The State of Idaho Food Code requires that foods sold or given away to the public be prepared and stored in an approved facility. In addition, the mobile and temporary food units used in the sale of those foods must be serviced and, sometimes, stored at an approved facility.

**THIS FORM IS TO BE COMPLETED BY THE OWNER (OR MANAGER) OF THE APPROVED FOOD FACILITY** where these operations will take place for the business applying for a permit. No other facility may be used by this business for these operations without the written approval of Panhandle Health District I.

Name of Business applying for permit: \_\_\_\_\_

Name of Approved Food Facility/Commissary: \_\_\_\_\_

Address: \_\_\_\_\_  
(City, state, zip)

Phone: \_\_\_\_\_ Commissary License #: \_\_\_\_\_  
(Approved/licensed facility)

Operations to take place:

- Food Preparation
- Food/Utensil storage (Designated and labeled area for exclusive use)
- Vehicle/Cart Storage
- Washing of utensils and equipment
- Other: \_\_\_\_\_

As the owner of the above approved food facility, I have given my permission for the business known as:

\_\_\_\_\_ to use my facility for the operations indicated, and

know that I am ultimately responsible for the maintenance and sanitation of the food facility.

Owner of Approved Facility/Commissary (please print): \_\_\_\_\_

Signature of Approved Facility/Commissary Owner/Manager: \_\_\_\_\_

Date: \_\_\_\_\_