



Public Health
Prevent. Promote. Protect.

Panhandle Health District

Panhandle Health District

Healthy People in Healthy Communities



TO: Food Service License Applicant

FROM: Panhandle Health District I
Environmental Section

SUBJECT: Annual Food Service License Fee and Application

A new establishment, or establishments remodeling, will be required to submit an application with floor plans, equipment list, floor/wall/ceiling finish schedule, and pay a \$100.00 plan review fee. Once the review is completed and approved, the \$160.00 food license fee can be accepted for the year the establishment plans to open.

A \$160.00 annual food license fee is required for all establishments handling potentially hazardous foods. Applications without the license fee cannot 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.”

New establishments, relocations, remodels, and/or reopening are required to submit a new Food License Application and undergo a Food Establishment Plan Review. Applications must include the menu, floor plans, equipment list, and floor/wall/ceiling finish schedule.

Change of Name or Ownership: The Food Service License is nontransferable. If there is a change in ownership, the new owner must apply for a new license, complete the application **in full**, and pay the \$160.00 fee. A plan review fee **may** be required based on changes to the establishment.

After review of your application and plans (if applicable), you will be notified in writing of any items that need to be addressed prior to the preoperational inspection, and final approval for licensing.

If you have any questions, please feel free to contact Panhandle Health District.

BENEWAH COUNTY 137 N. Eighth Street St. Maries, ID 83861 (208) 245-4556	BONNER COUNTY 2101 W. Pine St. Sandpoint, ID 83864 (208) 265-6384	BOUNDARY COUNTY 7402 Caribou Street Bonners Ferry, ID 83805 (208) 267-5558	KOOTENAI COUNTY 8500 N. Atlas Road Hayden, ID 83835 (208) 415-5200	SHOSHONE COUNTY 35 Wildcat Way, Suite A Kellogg, ID 83837 (208) 783-0707
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

Procedure Checklist for Opening a Food Service Establishment

	Establishment Name:	Owner Use	PHD1 Use
1	Submit a food service establishment license application form, \$100.00 plan review fee and a complete menu.		
2	Submit the following plans and specifications.		
3	A scaled floor-plan including kitchen and equipment layout. (Elevations encouraged for new establishments).		
4	A plumbing plan.		
5	A floor, wall, and ceiling finish schedule.		
6	An equipment schedule or catalog cut sheet. (Write plan equipment numbers on cut sheets).		
7	Submit verification of Certified Food Protection Manger (current certificate/card)		
8	Contact the local building, fire, plumbing and electrical department for their requirements and approval.		
9	Please allow 15 working days for the plan review. When it is complete, we will respond in writing. DO NOT PURCHASE EQUIPMENT OR BEGIN CONSTRUCTION UNTIL YOUR PLANS ARE APPROVED!		
10	When construction is complete, please submit your Food License fee, and contact us for a pre-operational inspection. If approved, your establishment will then be issued a Food Service License.		

It is important that the Health District receives accurate and detailed plans and specifications for your establishment. This is a checklist designed to insure that we have received all required criteria and you have submitted information on your plans. Please take your time and fill out the following pages with detail and accuracy. Read carefully and answer all questions completely to insure timely processing of your application.

PANHANDLE HEALTH DISTRICT

Healthy People in Healthy Communities

PLAN REVIEW APPLICATION FOR FOOD ESTABLISHMENTS

Office Use Only
File # _____ EHS _____ Clerical _____
Fee \$ _____ Receipt # _____ Date _____

NEW _____ REMODEL _____ CONVERSION _____ NEW OWNER _____

Name of Establishment:

Type of Food Operation: Restaurant _____ Institution _____ Food Processor _____ Retail Food Store _____ Other _____

Establishment Address:

Phone: _____

Business Mailing Address:

Name of Owner:

Owner's Mailing Address:

Owner's Telephone:

Owner's Email Address:

Applicant's Name and Title, if different:

Applicant's Telephone and Email Address:

Hours of Operation: Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____
Sat _____

Number of Indoor Dining Seats: _____,

Number of Outdoor Dining Seats: _____

Number of Staff (maximum per shift): _____

Total Square Feet of Facility: _____

Maximum Meals to be Served: Breakfast _____ Lunch _____ Dinner _____

Projected Date for Start of Project: _____ Projected Date for Completion of Project _____

Type of Service (check all that apply):

Sit Down Meals _____

Take Out _____

Single Use Utensils _____

Catering _____

Multi-Use Utensils _____

Food Processing _____

Mobile Food Establishment _____

ENCLOSE THE FOLLOWING DOCUMENTS:

____ Proposed Menu or complete list of food and beverages to be offered (including seasonal, off-site, and banquet menus).

____ Complete list of food sources.

____ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical, and mechanical services.

____ Equipment schedule including location, plumbing, drain, and electrical connections

____ Manufacturer specification sheets for each piece of equipment to be used in the establishment.

____ Site plan showing location of food establishment location of building on site including alleys, street; and location of any outside equipment of facilities (dumpsters, well, septic systems – if applicable).

____ Verification of Certified Food Protection Manager (current certificate/card).

____ Completed food service license application.

____ \$100.00 plan review fee.

____ Annual food license fee.

____ For food processors - a copy of completed Quality Assurance/HACCP plan.

FOOD SUPPLY

Where will you be purchasing your food?

How often will refrigerated foods be delivered?

How often will dry goods be delivered?

Provide information on the amount of space (in cubic feet) allocated for:

Dry Storage _____

Refrigerated Storage _____

Frozen Storage _____

Identify the location and containers that will be used to store bulk food products (rice, flour, sugar, etc.)

FOOD PREPARATION PROCEDURES

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared.

Explain the handling/preparation procedures for the following categories of food.

Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.).
- Where the food will be stored.
- Where (preparation table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared.

READY-TO-EAT (e.g., salads, cold sandwiches, raw molluscan shellfish):

PRODUCE

POULTRY

MEAT

SEAFOOD

THAWING FROZEN POTENTIALLY HAZARDOUS FOODS

Thawing Method(s) Check all that apply and indicate where thawing will take place:

____ Under Refrigeration:

____ In a food preparation sink under cold running water (less than 70°F/21°C):_____

____ Microwave (as part of cooking process):

____ Cooked from frozen state:

____ Other (describe):

List all foods that will be cooked and served:

List all foods that will be hot held prior to service:

List all foods that will be cooked and cooled:

List all foods that will be cooked, cooled, and reheated for hot holding prior to service:

HOT/COLD HOLDING

How will hot PHF food be maintained at 135°F (57°C) or above during holding for service? Indicate type, numbers, and location of hot holding units.

How will cold PHF food be maintained at 41°F (5°) or below during holding for service? Indicate type, number, and location of cold holding units.

COOLING

Indicate by checking the appropriate boxes how PHF food will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours).

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	COLD FOODS	OTHER	LOCATION
Shallow Pans in Refrigerator						
Ice Baths						
Reduce volume or Size and place in refrigerator						
Mechanical rapid chill unit						
Stirring with frozen stir sticks						
Other (describe)						

*Thick meats = greater than one inch; Thin meats = one inch or less.

REHEATING

How and where will PHF foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds within 2 hours. Indicate type and number of units used for reheating foods.

FINISH SCHEDULE

Indicate which materials (quarry tile, stainless steel, Fiberglass Reinforce Panels (FRP) ceramic tile, 4" plastic covered molding, etc.) will be used in the following areas:

AREA	FLOOR	FLOOR/WALL JUCTURE	WALLS	CEILING
KITCHEN				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
DRESSING ROOMS				
GARBAGE & REFUSE STORAGE				
MOP SERVICE SINK				
WAREWASHING AREA				
WALK-IN REFRIGERATORS AND FREEZERS				
OTHER				
OTHER				

Identify the finishes of cabinets, countertops, and shelving:

PEST CONTROL

	YES	NO	N/A
Will all outside doors be self-closing and rodent proof?	_____	_____	_____
Will screens be provided on all entrances left Open to the outside?	_____	_____	_____
Will all operable windows have a minimum #16 Mesh screening?	_____	_____	_____
Will air curtains be used? If yes, where? _____			
How will the area around the building be kept clear of unnecessary brush, litter, boxes, and other harborage?			

REFUSE, RECYCLABLES, AND RETURNABLES

Indicate the location(s) of indoor refuse containers:

Identify how and where garbage cans and floor mats will be cleaned:

Will a dumpster or a compactor be used?

Number _____ Size _____ Frequency of pick-up _____

Will garbage cans be stored outside? _____

Describe surface and location where dumpster/compactor/garbage cans will be stored outside the establishment: _____

Identify location of grease storage containers:

Will there be an area to store recyclables? _____ if yes, describe:

Identify the area to store returnable damaged goods: _____

WATER SUPPLY

Name of water supply:

Is the water supply public? _____ or non-public/private? _____

If private, has the source been approved? _____

Attach copy of written approval and/or permit.

Is ice machine on premises? _____ or purchased commercially? _____

What is the capacity and location of the water heater?

Provide specifications for the water heater:

SEWAGE DISPOSAL

Name of sewer system:

Is the sewage disposal system public? _____ or private? _____

If private, has the sewage system been approved? _____

Attach copy of written approval and permit.

Will grease traps/interceptors be provided? _____ If so, where?

BACKFLOW PREVENTION

	<u>AIR GAP</u>	<u>AIR BREAK</u>	<u>VACUUM BREAKER</u>	<u>OTHER</u>
Dishwasher				
Garbage disposal				
Ice machines				
Ice storage bin				
Sinks: Mop 3 compartment 2 Compartment 1 compartment				
Steam tables				
Dipper wells				
Refrigeration Condensate/drain lines				
Hose bib connection				
Potato peeler				
Beverage dispenser w/carbonator				
Other				
Other				

Identify the location(s) of all floor drains, if provided:

DISHWASHING FACILITIES

Manual Dishwashing:

Identify the length, width, and depth of the compartments of the 3-compartment sink:

Will the largest pot and pan fit into each compartment of the 3-compartment sink? YES____
NO____

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments?

Describe size, location, and type (drain boards, wall-mounted or overhead shelves, stationary or portable racks) of air drying space:

Square feet of air drying space: _____ square feet.

What type of sanitizer will be used? Chemical _____ Hot Water _____

Mechanical Dishwashing:

Identify the make and model of the mechanical dishwasher:

What type of sanitizer will be used? Chemical _____ Hot Water _____

Will ventilation be provided? YES _____ NO _____

HANDWASHING/TOILET FACILITIES

Identify the locations of the handwashing sinks and toilet facilities:

DRESSING ROOMS

Will dressing rooms be provided? YES _____ NO _____

Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

OTHER

Identify the location for the storage of poisonous or toxic materials:

Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

Will linens be laundered on site? YES _____ NO _____
If yes, what will be laundered and where?

If no, how and where will linens be cleaned?

Identify location of clean and dirty linen storage:

How often will linens be delivered and picked up?

Indicated all areas where exhaust hoods will be installed:

Identify location of the facilities for cleaning mops and other equipment:

APPROVAL of the plans and specifications does not constitute endorsement or acceptance of the completed establishment, structure, or equipment installation. Any changes or deviations from these approved plans must be submitted in writing and approved by the department.

IF NOT OTHERWISE MENTIONED, THE RULES IN IDAPA 16.02.19 “FOOD SAFETY AND SANITATION STANDARDS FOR FOOD ESTABLISHMENTS (IDAHO FOOD CODE) SHALL APPLY.

I have read and understand and agree to comply with the above listed requirements and accept responsibility for any changes needed when not in compliance.

Signed: _____

Firm/Company: _____

Date: _____