



Panhandle Health District

Healthy People in Healthy Communities



To: Mobile Food Service Vendors
From: Environmental Health Section/Food Program
Subject: **Mobile Food Service License Application**

A food license fee is required for all establishments handling time and temperature controlled for safety 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."

The food license fee for a Mobile Food Establishment operating without a commissary (or with a currently licensed food establishment) is \$72.00. The fee for operating a Mobile Food Establishment operating with an unlicensed commissary is \$92.00.

One license fee covers the Mobile Food Establishment for an entire calendar year, throughout the state, as long as the same menu is served.

Attached is the Mobile Food Service License Application including the Mobile Food Guideline/Checklist.

- * 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 license fee.

Failure to answer all questions on the application may cause a delay and/or disapproval of your application. Once approved, the mobile unit must be brought to the Panhandle Health District for a pre-operation's inspection. Call your local health district office for times when you can bring your mobile unit in for inspection. If the mobile unit passes inspection, a license will be issued.

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

Thank you.



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Mobile Food Guideline/Checklist

Mobile Food Unit or Mobile Food Facilities

Limited Service Mobile Requirements (Low and Medium Risk)

1. Requires an approved commissary for any food preparations, storage, washing, and/or sanitizing that cannot be done in the mobile unit.
2. May sell or serve time and temperature controlled for safety (TCS) foods that are obtained in pre-wrapped, individual servings from the commissary and is stored in approved facilities, which maintains a safe temperature (below 41°F or above 135°F) and served directly in the original package.
3. Single service articles shall be provided in a dispenser or individually wrapped for use by the consumer.
4. Items stored in ice, must be adequately protected and ice vessel must have drain.
5. Hand washing must include a hand sink or warm water vessel (101°F), soap and paper towels, fresh and waste water retention tanks must be provided. The vessel must have a spigot that can be turned on and stay on for washing hands. No push button types.
6. Requires a Certified Food Protection Manager.



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Full Service Mobile Requirements

1. Require an approved commissary for any food preparation, storage, washing, and/or sanitizing that cannot be done in the mobile unit, except for units that are completely self-contained and are in full compliance with the Idaho Code and are only limited by not having permanent water and sewer.
2. All water must be potable and from an approved source. Wastewater retention tanks must be emptied at an approved facility.
3. Single service articles shall be provided for use by the consumer.
4. Units must provide a food preparation area, which can be enclosed to prevent foods being contaminated by consumers, dust, debris, vectors, and pests.
5. Construction of the unit must meet the full requirements of the Idaho Code, providing NSF equipment or equivalent, smooth, easily cleanable surfaces, light shields, etc.
6. Requires a Certified Food Protection Manager.
7. Hand washing will include on (1) sink and shall be provided with warm running water (101°F) and cold or tempered water, with soap and paper towels also provided.
8. A three-compartment (3) sink must be provided in the unit for washing of utensils and food containers.
9. A separate Food Preparation Sink is required for washing produce.



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MOBILE FOOD UNIT LICENSE APPLICATION

ESTABLISHMENT INFORMATION	LICENSE HOLDER / OWNER / LESSEE
Business Name: _____ Business Mailing Address: _____ _____ City _____ State: ___ Zip: _____ Business Telephone #: _____ Fax #: _____ Email: _____	Name: _____ Title: _____ Owners Mailing Address: _____ _____ City _____ State: ___ Zip: _____ Owners Telephone#: _____ Fax #: _____ Owner / Operator: _____ Telephone#: _____
Days and Hours of Operation: _____ To: _____ Months of Operation: _____ To: _____ Water Source Name: _____ / Public _____ or Private _____ Sewage Disposal Location: _____ / Public _____ or Private _____ Name of Commissary: _____ (See Item 9) Telephone #: _____	
COMMENTS: _____ _____ _____	<p style="text-align: center;"><u>Panhandle Health District Use Only:</u></p> Fee Paid _____ Receipt # _____ Establishment Number: _____ EHS: _____ Clerical: _____ Mobile Sticker Issued ___ Yes ___ No

Office Locations:

- | | | |
|-----------------|---|----------------|
| Benewah County | - 137 N 8 th 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>Bonnars 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 |

8500 N. ATLAS RD HAYDEN, ID 83835



MOBILE FOOD SERVICE UNITS

Mobile food service units must complete this section, sign, date, and attach all supporting documents to this application.

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

2. List where all food items and ice will be purchased. Where will you be getting your water for the mobile 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 stored, transported, prepared and served.

4. How, when, and where will produce be washed and prepared? Is there is separate sink designated for washing and preparing produce?

5. List all equipment and describe mobile facilities. All equipment in full service mobiles must be NSF approved or equivalent.

- All mobile units 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 mobile 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.



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6. Include a sketch of the interior of your mobile unit that shows placement of equipment, sinks, water tanks, refrigeration, counter tops and work areas.



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7. How do you plan to wash your hands?

If food preparation will be done in the mobile food unit, a conveniently located hand washing facility shall be available for hand washing. Mobile units' hand washing equipment will include one sink provided with warm running water (101°F) and cold water or tempered water, soap, and paper towels. A retention tank must be provided. All hand washing water must be disposed of at an approved location.

8. How will you dispose of your waste water and garbage?

All waste water and garbage must be disposed of at an approved site.

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

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

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

11. Please provide verification of Certified Food Protection Manager (current certificate/card).



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Before opening for business all mobile units must have an inspection. To schedule your mobile inspection, please contact the Panhandle Health District. Mobile food units at the Hayden office are usually inspected Friday mornings between 8am and 9 am.

I have read and understand the above requirements and agree to comply with these requirements for my mobile food unit.

Date: _____

Printed Name _____

Signature: _____

License Holder / Owner / Lessee

Agent / Title _____



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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: _____



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PLANNED EVENTS/LOCATIONS

License # _____

Approved
by:

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