



# Panhandle Health District

*Healthy People in Healthy Communities*

**Public Health**  
Prevent. Promote. Protect.

**Panhandle Health District**

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**To:** Prospective Food Processor/Wholesaler

**RE:** Requirements for Licensing

You have indicated an interest in starting a business processing food and distributing it to the public. The attached information gives you an outline for the information that is required for the Health District to license and permit your proposed business.

This information is sent to the Food and Drug Administration (FDA) for review. The FDA will determine if their agency will regulate your business, based on the product, the volume, and/or the estimated percentage in interstate commerce

You must submit your plans and completed application to the Health District. The Health District will license and inspect your facility at least for the first year that you are in operation. If the FDA or USDA answers that they will NOT assume jurisdiction for your food business, then the Health District will continue to license and inspect your facility as a food processing firm.

You may obtain "A Comprehensive Guide for Idaho Specialty Food Processors" by contacting:

Idaho Department of Agriculture Website:

<https://agri.idaho.gov/>

PO Box 790

Boise, ID 83701-0790.

Phone: (208) 332-8530 or (800) 377-3529

The specialty food book can be located on the Internet site:

[https://assets.idahopreferred.com/uploads/2023/11/29093913/2023\\_IDAG-FoodBusinessGuide-web.pdf](https://assets.idahopreferred.com/uploads/2023/11/29093913/2023_IDAG-FoodBusinessGuide-web.pdf)

## **INFORMATION FOR FOOD PROCESSORS**

When is a Food Processing License required?

Is your final product a Time and Temperature Controlled for Safety (TCS) Food? If yes, then you meet the definition of a food processor, regardless of how you plan to distribute your product.

Is the final product distributed through other food establishments (wholesale)? If yes, then you meet the definition of a food processor, regardless of the type of food (TCS vs. non-TCS).

Under the [Idaho Food Code](#), you must submit a written application for a food establishment license on the application provided. An Environmental Health Specialist must review and approve your processing facility plans prior to remodel and/or construction. A final inspection will be made prior to licensing. Some areas that will be covered in this plan review and on-site inspection include the following:

- Site plan, floor plan and mechanical plan.
- Construction materials for floors, walls, and ceiling.
- Plumbing: separate hand wash sink for employees.
- Processing equipment and food safety and sanitation training.
- Quality control checks.
- Packaging and labeling.
- 3-compartment sink for equipment clean-up.
- Source and storage of ingredients including processing steps.
- Verification of Certified Food Protection Manager.

### **Quality Control Assurance Program Requirements**

The license holder or his/her designated person must develop and submit, to the regulatory authority for review and approval, a quality assurance program or HACCP plan that covers the food processing operation. The program must include the following:

- An organizational chart that identifies persons responsible for quality control operations.
- A process flow diagram outlining the processing steps from the receipt of the raw materials to the production and packaging of finished product(s) or group of related products.
- A list of specific points in the process which are critical control points that must have scheduled monitoring.
- Product codes that establish and identify the production date and batch.
- A manual covering sanitary maintenance of facility and hygienic practices to be followed by employees.
- A records system allowing for review and evaluation of all operations including the quality assurance program results. These records must be kept for a period of time that exceeds the shelf life of the product by six (6) months or for two (2) years, whichever is less.

## Product Evaluation for Processors

The term process applies to the combining, packaging, and manufacturing, labeling and storing food for human consumption. To ensure recipes are safe, a product evaluation is completed by a Process Review Authority to determine the potential risks. The product evaluation assesses the risk associated with the food product and may be followed by a process determination further evaluating the method employed.

**Washington State University's, Department of Food Science and Human Nutrition** is equipped with the laboratory facilities and the personnel with the technical expertise to assess product and processes to ensure the final product is safe for human consumption.

### Contact Information:

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Extension Food Processing Specialist  
Washington State University  
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P.O. Box 646376  
Pullman, WA 99164-6376  
Phone: 509-335-5613  
FAX: 509-335-4815  
e-mail: girish.ganjyal@wsu.edu

Website: <http://foodprocessing.wsu.edu/extension/product-eval/>

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## Food and Drug Administration (FDA) Resources

### **REGISTERING your facility with the FDA:**

<https://www.fda.gov/food/online-registration-food-facilities/food-facility-registration-user-guide-step-step-instructions-registration>

### ***Who must register with FDA?***

Owners, operators, or agents in charge of domestic or foreign facilities that manufacture/process, pack, or hold foods for human or animal consumption in the United States are required to register the facility with the FDA.

Domestic facilities are required to register whether or not food from the facility enters interstate commerce.

Foreign facilities that manufacture/process, pack, or hold food also are required to register unless food from that facility undergoes further processing (including packaging) by another foreign facility before the food is exported to the United States. However, if the subsequent foreign facility performs only a minimal activity, such as putting on a label, both facilities are required to register.

### **FDA Labeling guidance:**

[\*\*Guidance for Industry: Food Labeling Guide\*\*](#)

**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 \$200.00 food license fee can be accepted for the year the establishment plans to open.

**A \$200.00 annual food license fee is required for all establishments handling Temperature Control for Safety (TCS) 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 \$200.00 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.

<b>BENEWAH COUNTY</b> 137 N. Eighth Street St. Maries, ID 83861 (208) 245-4556	<b>BONNER COUNTY</b> 2101 W. Pine St. Sandpoint, ID 83864 (208) 265-6384	<b>BOUNDARY COUNTY</b> 7402 Caribou Street Bonnors Ferry, ID 83805 (208) 267-5558	<b>KOOTENAI COUNTY</b> 8500 N. Atlas Road Hayden, ID 83835 (208) 415-5220	<b>SHOSHONE COUNTY</b> 35 Wildcat Way, Suite A Kellogg, ID 83837 (208) 783-0707
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## 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 <b>15 working days</b> for the plan review. When it is complete, we will respond in writing. <b>DO NOT PURCHASE EQUIPMENT OR BEGIN CONSTUCTION UNTIL YOUR PLANS ARE APPROVED!</b>		
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

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## 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### 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?

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How often will refrigerated foods be delivered?

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How often will dry goods be delivered?

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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.)

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## **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):

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## PRODUCE

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## POULTRY

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## MEAT

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## SEAFOOD

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## **THAWING FROZEN TEMPERATURE CONTROL FOR SAFETY (TCS) 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 TCS food be maintained at 135°F (57°C) or above during holding for service? Indicate type, numbers, and location of hot holding units.

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

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## **COOLING**

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

<b>COOLING METHOD</b>	<b>*THICK MEATS</b>	<b>*THIN MEATS</b>	<b>HOT FOODS</b>	<b>COLD FOODS</b>	<b>OTHER</b>	<b>LOCATION</b>
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 TCS 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.

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## **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:

<b>AREA</b>	<b>FLOOR</b>	<b>FLOOR/WALL JUCTURE</b>	<b>WALLS</b>	<b>CEILING</b>
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:

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**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?			

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**REFUSE, RECYCLABLES, AND RETURNABLES**

Indicate the location(s) of indoor refuse containers:

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

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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: \_\_\_\_\_

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Identify location of grease storage containers:

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

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Identify the area to store returnable damaged goods: \_\_\_\_\_

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### **WATER SUPPLY**

Name of water supply:

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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?

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Provide specifications for the water heater:

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### **SEWAGE DISPOSAL**

Name of sewer system:

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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?

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## **BACKFLOW PREVENTION**

	<b><u>AIR GAP</u></b>	<b><u>AIR BREAK</u></b>	<b><u>VACUUM BREAKER</u></b>	<b><u>OTHER</u></b>
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:**

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## **DISHWASHING FACILITIES**

### **Manual Dishwashing:**

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

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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?

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

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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:

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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:

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### **DRESSING ROOMS**

Will dressing rooms be provided? YES \_\_\_\_\_NO \_\_\_\_\_

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

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### **OTHER**

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

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

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Will linens be laundered on site? YES\_\_\_NO\_\_\_\_\_  
If yes, what will be laundered and where?

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If no, how and where will linens be cleaned?

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Identify location of clean and dirty linen storage:

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How often will linens be delivered and picked up?

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Indicated all areas where exhaust hoods will be installed:

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

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**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: \_\_\_\_\_