



# Panhandle Health District

Healthy People in Healthy Communities

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

Panhandle Health District

To: All Temporary / Intermittent Food Service Vendors  
From: Panhandle Health District (PHD) Environmental Health Division/Food Program  
Subject: **Temporary or Intermittent Food Service License Application**

A food license is required for all establishments handling time and temperature controlled for safety foods (TCS foods). Applications submitted 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."

## **Fees:**

- Operating 1-day, same location \$35
- Operating 2 – 3 days, same location \$45
- Operating 4 or more days and/or multiple events or locations \$80

**NOTES:** The Idaho Food Code requires a Certified Food Protection Manager (CFPM) for all licensed Food Establishments. Operators of Intermittent and Temporary Food Establishments may substitute the Idaho Temporary Food Exams for ANSI certified courses:

<https://foodsafetyexams.dhw.idaho.gov/>

When operating in another district than that which issued a "four or more days and/or multiple events or locations" license, that district will require the vendor to show proof that they paid a fee for that calendar year and are serving the same menu. Proof of local commissary (if necessary) 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.

**TO DO:** Complete all questions on the application then sign & date it, attach a complete menu, and (if necessary) include a commissary agreement. The commissary agreement must include the commissary name, license number, address, telephone number and be signed and dated by the owner.

Submit the completed application and required fee to any PHD office. The application may be emailed to [EHAApplications@phd1.idaho.gov](mailto:EHAApplications@phd1.idaho.gov), mailed via USPS, or submitted in-person to any PHD office. Fees may be paid in-person, by mail (check) or over the phone (credit or debit card).

See [www.panhandlehealthdistrict.org](http://www.panhandlehealthdistrict.org) for more information.

## **Fraternal, Benevolent, and Nonprofit Charitable Organizations:**

Non-profit charitable, fraternal, or benevolent organizations that do not prepare or serve food on a regular basis are exempted in Section 39-1602, Idaho Code. Food is not considered to be served on a regular basis if it is not served for more than five (5) consecutive days on no more than three (3) occasions per year for foods that are non-TCS. For all other food, it must not be served more than one (1) meal per week.

- A temporary food service operation by a nonprofit charitable organization serving **non-TCS foods only** 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) only** is **not** required to be licensed.

***Applications must be submitted to this office for review at least 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.***

**TEMPORARY/INTERMITTENT EVENT FOOD SERVICE APPLICATION**  
***TEMPORARY/INTERMITTENT EVENT***

Office Use Only

File # _____	EHS _____	Clerical _____
Fee \$ _____	Receipt # _____	Date _____

ESTABLISHMENT INFORMATION	
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: _____	
LICENSE HOLDER / OWNER / LESSEE	
Name: _____	Title: _____
Owners Mailing Address: _____	
City: _____	State: _____ Zip: _____
Owners Telephone #: _____	Fax #: _____
Secondary Contact Person: _____	Title: _____
Telephone #: _____	Email: _____

**PLEASE NOTE: APPLICATION MUST BE SUBMITTED AT LEAST THREE (3) BUSINESS**

**DAYS PRIOR TO 1<sup>ST</sup> EVENT.** Incomplete applications will delay review or result in the application not being approved. Do not reference information provided on previous applications

Hayden –  
Kootenai County  
8500 N. Atlas Rd.  
Hayden, ID  
83835  
208.415.5220

Sandpoint –  
Bonner County  
2101 W. Pine St.  
Sandpoint, ID  
83864  
208.265.6384

Kellogg –  
Shoshone County  
35 Wildcat Way  
Kellogg, ID  
83837  
208.783.0707

Bonn timers Ferry –  
Boundary County  
7402 Caribou St.  
Bonn timers Ferry, ID  
83805  
208.267.5558

St. Maries –  
Benewah County  
137 N. 8<sup>th</sup> St.  
St. Maries, ID  
83861  
208.245.4556

# PLANNED EVENTS/LOCATIONS

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

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

Approved  
by:

## 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.**

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**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.

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

NOTE: All foods prepared before the event must be prepared at a licensed commissary.

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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.

**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

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

**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).

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

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

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

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**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 \_\_\_\_\_

- Any changes or deviations from these approved plans must be submitted in writing and approved by the Health District.
- Applications may be submitted to any PHD office by mail, in-person, or by email to:  
**EHApplications@phd1.idaho.gov**
- Applications will not be processed until all requisite fees are received.

## 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: \_\_\_\_\_