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

MOBILE FOOD ESTABLISHMENT LICENSE RENEWAL APPLICATION

Important: Complete and return this application and fee by December 1st

Idaho Food Safety and Sanitation Standards for Food Establishments (Idaho Food Code, IDAPA 16.02.19) states that food service establishments must renew their food service license annually. A license renewal application *and a license fee must be submitted by December 1st* of each year. *An application without the license fee is not complete and cannot be processed*.

For PHD Use

Application Rcvd Date _____ Payment Rcvd With Application ☐ Yes ☐ No Payment Date _____

Receipt # _____ Processed by _____ Assigned EHS _____

If ownership of this establishment has changed *or* the establishment was not licensed in the previous calendar year, a new Mobile Food Service License Application and corresponding fees must be submitted. The application can be found at panhandlehealthdistirct.org, or is available at any of our office locations.

Fee Schedule: Self-contained or using a licensed commissary: $80.00 Using an unlicensed commissary : $100.00

ESTABLISHMENT INFORMATION

Facility Name _____ **License #** _____

Mailing Address _____ _____ _____ _____ **Phone** _____
Street /PO Box City State Zip

Type ☐ Self-Contained (no commissary) ☐ w/ Commissary Commissary Name & License # _____ _____

Intended Use ☐ Public Events (i.e. farmers' markets, fairs) ☐ Catering (private events)

☐ Single/stationary Location Location address/description _____

Period of Operation ☐ Year Round ☐ Seasonal If seasonal, dates of operation _____ to _____

Mobile Unit Identification (ex. VIN, license plate #, registration #) ID # _____ ID Type _____

FACILITY CONTACTS

Legal Owner: ☐ Is Licensing Contact ☐ Is Facility Manager/Local Person in Charge ☐ Is Certified Food Protection Manager (CFPM)

_____ _____ _____
Name E-mail Work Phone

_____ _____ _____ _____
Mailing Street/PO Box (for licensing/official purposes) City State Zip

Licensing: ☐ Is Facility Manager/Local Person in Charge ☐ Is Certified Food Protection Manager (CFPM)

_____ _____ _____
Name & Title E-mail Work Phone

_____ _____ _____ _____
Mailing Street/PO Box (for licensing/official purposes) City State Zip

Facility Manager/Local Person in Charge : ☐ Is Certified Food Protection Manager (CFPM)

_____ _____ _____
Name & Title E-mail Work Phone

Certified Food Protection Manager (CFPM)

_____ _____ _____
Name Certificate Expiration Certifying Entity (State Food Safety, ServSafe…)

ESTABLISHMENT UPDATES

Since date of last inspection have there been any facility updates (equipment, plumbing, etc)?

☐ **No** ☐ **Yes**

Description of updates _____

_____

Since date of last inspection have there been any significant menu changes?

☐ **No** ☐ **Yes If yes, please include a copy of your menu with this renewal.**

VERIFICATION OF LAWFUL PRESENCE

Idaho Code § 67-7903 requires verification of Lawful Presence in the United States prior to issuance of any professional or business license issued to an individual.
This requirement does not apply to applicants that are a private corporate entity, a business partnership or limited liability company, or other business entity that has been granted a federal tax identification number.
(please select one of the following)

Food service establishments operating as a(n): corporation, partnership, or LLC:

☐ My signature below affirms that the entity to be licensed in conjunction with this application has been assign an Employer Identification Number (EIN) by the Internal Revenue Service.

Food service establishments operating as a sole proprietorship:

☐ I am a United States citizen, legal permanent resident *or* I am otherwise legally present in the United States pursuant to federal law.

AGREEMENT TO CONDTIONS OF A LICENSE

Signature of the applicant is an agreement to the terms and conditions of a license as contained in the Rules Governing Idaho Food Safety and Sanitation Standard for Food Establishments (Idaho Food Code).
Pursuant to this agreement, the REGULATORY AUTHORITY will be allowed access to the ESTABLISHMENT as specified under § 8- 402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and Subparagraph 8-201.14(D)(6)

Applicant Name (print): _____ Applicant Signature: _____ Date: _____

Applicant Status ☐ Legal Owner ☐ Owner's Agent Title _____

For assistance with renewals please call 208.415.5220 or email ehapplications@phd1.idaho.gov

All applications submitted by mail should be sent to:

Panhandle Health District

8500 N Atlas Rd

Hayden, ID 83835

Benewah County	Bonner County	Boundary County	Kootenai County	Shoshone County
137 N 8th St	2101 W Pine St	7402 Caribou St	8500 N Atlas Rd	35 Wildcat Way
St. Maries ID 83861	Sandpoin ID 83864	Bonners Ferry ID 83805	Hayden ID 83854	Kellogg ID 83837
208-245-4556	208.265.6384	208.267.5558	208.415.5220	208.786.7474