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Valley County: 703 N. 1<sup>st</sup> Street  
Mc Call ID 83638  
Ph: 634-7194 Fx: 634-2174

# TEMPORARY EVENT FOOD ESTABLISHMENT LICENSE APPLICATION

Must be submitted **30** days prior to event. *IDAHO FOOD CODE 8-302.11*

**PLEASE PRINT CLEARLY**

**Establishment Information:**

Establishment Name (Booth Name): \_\_\_\_\_

Establishment Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Establishment Telephone: \_\_\_\_\_ Establishment Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Non-Profit Group: Yes No Name of Non-Profit Group: \_\_\_\_\_

Menu Items: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_  
6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_  
11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Establishment Ownership:**

Legal Ownership of Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(City) (State) (Zip)

Ownership Telephone: \_\_\_\_\_ Ownership Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**CDHD Use Only:**

Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt # \_\_\_\_\_ Received by: \_\_\_\_\_ License # \_\_\_\_\_

Risk Assessment: L M H FBN Approval Date: \_\_\_\_\_ Approved Disapproved Unregulated

EHS Consultation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Operators of Temporary Event Food Establishments must complete the following sections, sign, date, and attach all supporting documentation to this application.**

## Planned Events / Locations

1. **Event Name:** \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
**Opening Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_ **Closing Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_  
**Coordinator Name:** \_\_\_\_\_ **Coordinator Phone # :** \_\_\_\_\_  
**Water Source Name:** \_\_\_\_\_  **Public** or  **Private**  
**Sewage Disposal:** \_\_\_\_\_  **Public** or  **Private**

Approved by: \_\_\_\_\_  
EHS# \_\_\_\_\_

2. **Event Name:** \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
**Opening Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_ **Closing Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_  
**Coordinator Name:** \_\_\_\_\_ **Coordinator Phone # :** \_\_\_\_\_  
**Water Source Name:** \_\_\_\_\_  **Public** or  **Private**  
**Sewage Disposal:** \_\_\_\_\_  **Public** or  **Private**

Approved by: \_\_\_\_\_  
EHS# \_\_\_\_\_

3. **Event Name:** \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
**Opening Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_ **Closing Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_  
**Coordinator Name:** \_\_\_\_\_ **Coordinator Phone # :** \_\_\_\_\_  
**Water Source Name:** \_\_\_\_\_  **Public** or  **Private**  
**Sewage Disposal:** \_\_\_\_\_  **Public** or  **Private**

Approved by: \_\_\_\_\_  
EHS# \_\_\_\_\_

4. **Event Name:** \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
**Opening Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_ **Closing Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_  
**Coordinator Name:** \_\_\_\_\_ **Coordinator Phone # :** \_\_\_\_\_  
**Water Source Name:** \_\_\_\_\_  **Public** or  **Private**  
**Sewage Disposal:** \_\_\_\_\_  **Public** or  **Private**

Approved by: \_\_\_\_\_  
EHS# \_\_\_\_\_

5. **Event Name:** \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
**Opening Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_ **Closing Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_  
**Coordinator Name:** \_\_\_\_\_ **Coordinator Phone # :** \_\_\_\_\_  
**Water Source Name:** \_\_\_\_\_  **Public** or  **Private**  
**Sewage Disposal:** \_\_\_\_\_  **Public** or  **Private**

Approved by: \_\_\_\_\_  
EHS# \_\_\_\_\_

6. **Event Name:** \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
**Opening Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_ **Closing Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_  
**Coordinator Name:** \_\_\_\_\_ **Coordinator Phone # :** \_\_\_\_\_  
**Water Source Name:** \_\_\_\_\_  **Public** or  **Private**  
**Sewage Disposal:** \_\_\_\_\_  **Public** or  **Private**

Approved by: \_\_\_\_\_  
EHS# \_\_\_\_\_

7. **Event Name:** \_\_\_\_\_ **Event Location:** \_\_\_\_\_  
**Opening Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_ **Closing Date:** \_\_\_/\_\_\_/\_\_\_ **Time** \_\_\_\_\_  
**Coordinator Name:** \_\_\_\_\_ **Coordinator Phone # :** \_\_\_\_\_  
**Water Source Name:** \_\_\_\_\_  **Public** or  **Private**  
**Sewage Disposal:** \_\_\_\_\_  **Public** or  **Private**

Approved by: \_\_\_\_\_  
EHS# \_\_\_\_\_

1. **List where all food items and ice will be purchased (names of suppliers). Where will you be getting your water for the temporary event?** *All foods, water, and ice must be purchased or obtained from an approved source.*
  
2. **Describe how and where all foods on the menu will be stored, prepared, transported, cooked, and served at the event.** *No extensive food preparation may be done onsite at the events. All foods must be prepared before the event at a licensed commissary. Only final food assembly, cooking, and serving at the event will be allowed.*
  
3. **List equipment and describe facilities that will be used at the temporary food establishment.** *All temporary food establishments must have adequate cooking, hot holding (>135 °F), and refrigeration facilities (<41 °F).*
  
4. **Describe how hands will be washed.** *Every temporary food establishment must have a hand washing facility that includes a hand-washing sink or warm water vessel (90 °F - 110 °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 properly. **No push button types are allowed.***
  
5. **How will wastewater and garbage be disposed?**

**PLEASE NOTE:** Incomplete applications will delay review or result in the application not being approved. Please take the time to fill out the application completely. Do not reference information provided on previous applications you have made to Central District Health Department.

I understand that the license is non-transferable and is based upon compliance with all food-handling regulations of the State of Idaho, determined on the basis of an inspection(s) by the local or state health authority and may be suspended for non-compliance with the Idaho Food Code. By signing, I testify that I have read, understand, and agree to comply with the above requirements during the temporary food establishment event; and I acknowledge receipt of the vendor's packet detailing information for safe food handling.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Drawing of Temporary Event Food Establishment

Identify all equipment for hand washing, hot holding, cold holding, utensil washing, and trash containment.

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### EQUIPMENT CHECKLIST

*Did you remember...*

Hand washing set-up (soap, paper towels, and warm water)

Thermometer (metal stem for food temperature checks)

Sanitizer and appropriate test-strips (for wiping cloths/  
utensil sanitization)

Thermometers in all cold-holding / hot holding units

Utensil wash set-up (4-step process)

Single-use gloves, utensils, or paper to avoid bare handling of Ready-to-Eat foods.

Wiping clothes and buckets

All cold foods are to be held below 41°F.  
All hot foods are to be held at greater than 135°F.