

2024 FOOD ESTABLISHMENT LICENSE APPLICATION

[] Establishn [] Full Mobi [] Temporar [] Mobile Ur PLEASE NO If services are	taken off-site and into the com	3 days at 1 event (\$45.00); ith commissary: (\$100.00)	4+ days OR multipl	le events (\$80.00)
event(s) licens	se is required.	o of Owner [] P	onowal of Provio	is Application
	_			is Application
	cense for:			
Applicants Name:	(Owner or Legal Agent) (Plo			
	(Owner or Legal Agent) (Ple	ease Print)		
Establishment Physic			~	
St: County	City:		State:	Zip:
	State			
	Cell Phone:			
	Operation			
 If on private well wate Sewage: [] Public S If your facility has mo treatment facility showin this application to receiv Does this facility hav 	e a written illness policy?[] e a Certified Food Protection	iform and yearly nitrate wate [] Private Septic Sys be dumped, you must obtain at a designated site. This doc Yes [] No Manager (Idaho Food C	tem signed documentation sumentation must be s	n from a public sewage ubmitted to SIPH with
of the information provided pe	n agreement to the terms and conditions of a greement to the terms and conditions of a green section 8-302.14(G). Application can only (G_{1}, G_{2}, G_{2})	ly be signed by owner or legal agent	. Unless exempted by Idaho	Code 39-414.11, or defined
as low risk, all food establishn	nents are required to pay a license fee. Wit	thout the fee, the application	n cannot be processe	d.
Signature of Applica			Date	
Applicant status:	Legal Owner []	Owner's Legal Agent	[]	
Approved by EUS.		EPARTMENT USE ONLY	Date	
Facility Type:		Risk:	[] Medium [] Hi	igh
Fee Amount \$	Paid [] Yes [] No	Receipt #		