

Vendor's Packet

All food vendors, food demonstrators, or food equipment demonstrators, who sell or give food to the public are required to read and complete the forms in this information packet.

THE PACKET INCLUDES:

1. **License Application** for a Temporary Food/Itinerant Establishment. Application **MUST** be received no later than 30 days prior to the event. Payment is due at time of application. An Environmental Health Specialist will determine if your food service operation is unregulated or requires licensure. The license will be issued after the application is received, the appropriate fee is paid **AND** the booth is inspected and/or approved to open for business.
2. **Temporary Food Establishments or Operations Sheet** - Post in Your booth.
3. **Self -Inspection Sheet** - To be completed prior to opening.
4. **Dishwashing and Hand washing Set-up** - When conventional hand washing facilities are not convenient, each booth must provide hand-washing facilities.
5. **Food Safety Notice** - Post in your booth.
6. **No Bare Hands Contact** - Post in your booth.

INSPECTIONS:

During the Health Department's inspection, critical violations must be corrected immediately or, depending on the situation, within 2 hours. Non-critical violations must be corrected within 24 hours. Failure to correct items in violation within a specified time could result in suspension of your permit.

PLAN REVIEW:

If you are planning to construct (or have already started) a new booth or mobile unit, you must contact Central District Health. Food Rules* require that the health department review and approve all plans **PRIOR** to construction.

* Idaho Food Code (available on line at:

<https://healthandwelfare.idaho.gov/Health/FoodProtection/IdahoFoodCode/tabid/765/Default.aspx>)

EHEP/Food/Food Forms/vendor packet 4-20jm

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Ada & Boise Counties: 707 N Armstrong Place
Boise ID 83704-0825
208 327-7499 Fax:208 327-8553

Elmore County: 520 E. 8th N.
Mountain Home ID 83647
208 587-9225 Fax:208 587-3521

Valley County: 703 N. 1st Street
McCall ID 83638
208 634-7194 Fax:208 634-2174

TEMPORARY EVENT FOOD ESTABLISHMENT LICENSE APPLICATION

Must be submitted 30 days prior to event. IDAHO FOOD CODE 8-302.11
Your application may be denied if not submitted within specified time frame.

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:

- Accredited Food Safety Manager (Circle one) - 360 Training - ServSafe - NRFSP - Above Training/State Food Safety - Prometric
Idaho Temporary Food Safety Certification

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

No additional menu items may be added to this application after license is issued.

Comments:

Establishment Ownership:

Legal Ownership of Establishment:

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

Ownership Telephone: Ownership Fax: E-mail:

Booth Person-in-Charge: Telephone: Cell Phone:

Secondary Booth Contact: Telephone: Cell Phone:

CDH Use Only:

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

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

EHS Consultation:

Time Log: Act Time Min. EHS# / Act Time Min. EHS# / Approved Training: Yes Req. Exempt

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: _____
Opening Date: ___/___/___ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ___/___/___ Time _____

Event Location: _____
Closing Date: ___/___/___ Time _____
Coordinator Phone #: _____
 Public or **Private**
 Public or **Private**

Approved by: _____
EHS# _____

2. Event Name: _____
Opening Date: ___/___/___ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ___/___/___ Time _____

Event Location: _____
Closing Date: ___/___/___ Time _____
Coordinator Phone #: _____
 Public or **Private**
 Public or **Private**

Approved by: _____
EHS# _____

3. Event Name: _____
Opening Date: ___/___/___ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ___/___/___ Time _____

Event Location: _____
Closing Date: ___/___/___ Time _____
Coordinator Phone #: _____
 Public or **Private**
 Public or **Private**

Approved by: _____
EHS# _____

4. Event Name: _____
Opening Date: ___/___/___ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ___/___/___ Time _____

Event Location: _____
Closing Date: ___/___/___ Time _____
Coordinator Phone #: _____
 Public or **Private**
 Public or **Private**

Approved by: _____
EHS# _____

5. Event Name: _____
Opening Date: ___/___/___ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ___/___/___ Time _____

Event Location: _____
Closing Date: ___/___/___ Time _____
Coordinator Phone #: _____
 Public or **Private**
 Public or **Private**

Approved by: _____
EHS# _____

6. Event Name: _____
Opening Date: ___/___/___ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ___/___/___ Time _____

Event Location: _____
Closing Date: ___/___/___ Time _____
Coordinator Phone #: _____
 Public or **Private**
 Public or **Private**

Approved by: _____
EHS# _____

7. Event Name: _____
Opening Date: ___/___/___ Time _____
Coordinator Name: _____
Water Source Name: _____
Sewage Disposal: _____
Vendor Set-up Date ___/___/___ Time _____

Event Location: _____
Closing Date: ___/___/___ Time _____
Coordinator Phone #: _____
 Public or **Private**
 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 prepared before the event must be prepared at a licensed facility or commissary and safely transported to the event for final assembly, cooking, and serving. Temperature Controlled for Safety Foods must be properly cooled and reheated. No home prepared food is permitted. Bare hand contact with ready to eat foods is prohibited.*

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). Thermometers must be available for food temperature checks and in all refrigerators and cold holding units. Temporary event establishment's booth or set-up must be situated in a way that protects foods from environmental contamination (dust, debris, etc.).*

4. **Describe how hands will be washed.** *A handwashing facility or a portable handwashing station is required and must be present in the booth or temporary set-up. It must include a handwashing sink or warm water vessel (must have spigot that can be turned on and stay on for washing hands properly), soap, paper towels, and a catch basin or retention tank.*

5. **Describe how food contact surfaces and equipment will be cleaned and sanitized.** *Chlorine or quaternary ammonium based sanitizer must be present in the booth or temporary set-up. Appropriate test strips are required for checking sanitizer concentration.*

6. **How will wastewater and garbage be disposed?** *All wastewater and garbage must be disposed of at an approved site. Disposal on the ground or in a storm drain is prohibited.*

**For more information on safe food handling practices please visit Central District Health's website:
<https://www.cdh.idaho.gov/eh-food-foodsafetyresources.php>**

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.

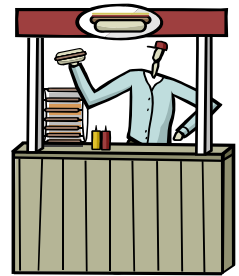
I understand that the license is non-transferable and is based upon compliance with all food-handling regulations of the State of Idaho, determined on the basis of an inspection(s) by the local or state health authority and may be suspended for non-compliance with the Idaho Food Code. By signing, I testify 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: _____

****Please use reverse side of page for any additional information you would like to include with your application****

Leave blank for two sided printing



Licensure of Temporary and Special Event Food Vendor Guidance

This document is being provided to assist Temporary Food License holders due to regulation changes for food vendors beginning in March 2019.

<u>License Fees:</u>	1-Day Single Event - \$35
	2 to 3-Day Single Event - \$45
	4-Day (or more) Single Event OR Multiple Events - \$72

- ⊕ **One application may cover the temporary or intermittent food establishment for an entire calendar year; January 1 through December 31. The following conditions apply:**

Vendors must notify CDH of any additional events not included on original application. An additional fee may apply.

If the menu is changed, a new application and fee is required.

The food license must be on display at each event.

- ⊕ **Central District Health requires the vendor to submit an application 30 days before the first event in order to obtain a license. The following information must be submitted with the application:**

The listing of all events planned to attend in this district

The length/dates/location of the event(s)

Food/Drink items (menu) to be sold/served/sampled at event(s)

If this information cannot be provided at time of application, a new license and fee may be required.

- ⊕ **The license issued for a temporary or intermittent food establishment may be valid for multiple events in the issuing district, as long as the same menu is served. A listing of event locations and dates covered by the license will be attached.**

Any restrictions associated with the temporary and/or intermittent food events must be followed.

***Some requirements may differ district to district.**

- ⊕ **The temporary or intermittent food establishment may not be inspected at each event they attend, but, the Health District may still inspect at any time the establishment is operating.**

Some instances include:

Previous violations noted on past inspection

Operating at a multiple day event

Setting up at a booth that is operating in different seasons

If you have any additional questions please contact your local Health Department



Downloads: <https://www.cdh.idaho.gov/eh-food-forms.php>

Temporary Food Establishment

Application Notification of Event

Vendors Packet



POST IN BOOTH

REQUIREMENTS FOR TEMPORARY FOOD ESTABLISHMENTS OR OPERATIONS

HYGIENE:

- Smoking, eating or drinking while on duty is forbidden. These activities may be done away from the serving and preparation area. You **must wash hands** at the hand wash station nearest your work area before resuming duties.

Employers are held responsible for insuring that no employee who is ill (coughs, colds, diarrhea) will be allowed to work.

ROSTER OF RESPONSIBLE EMPLOYEE ON DUTY

- Must be posted in booth.

HAND WASH SET-UP

- Sink with running water
- Soap
- Paper towel – preferably in a holder
- Plumbed to sewer or wastewater bucket. Not to be discharged into storm drains.

FOOD TEMPERATURES

- Cooking – 165° or hotter
- Hot holding – 140° or hotter
- Cold holding – 45° or colder

TRASH CONTAINERS

- For booth use. Located on public side of booth.

REFRIGERATORS

- Must be constructed with hard, durable liner.
- Must have fan to circulate cold air when door is closed.
- Temperatures must be 45° or colder at all times. Set at 40° or colder.

ICE

- Prefer small scoops that fit cup.

- Keep Scoop handle out of ice.
- Tolerant use of paper/wax cup ONLY if **GLOVED HAND** and most of cup is kept out of ice when scooping.

ICE PICK

- Sanitized pick or other tool.

CUPS

- Open tube to expose bottom of cup. Use the package as a dispenser.

THERMOMETERS

- Required with perishables. Not needed with still-frozen foods.

UTENSIL WASHING SET-UP

- Requires three (3) tubs or containers for utensils, to be set-up ready for use.

Procedure: 1. Detergent, 2. Rinse, 3. Sanitize, 4. Air Dry

SANITIZER

- Bleach or other chemical approved by the Health Department.
- **Bleach solution = 1 Tablespoon per gallon of warm water**

UTENSILS

- **SINGLE SERVICE DISPOSABLE** (plates, cups, plastic forks, etc.)
- Store a minimum of four (4) inches off the ground.

FOOD PROTECTION

- Keep foods covered as much as possible to protect from dust and fly contamination.

In situations not covered, use professional judgment considering time of day, air temperature, food, protection needed, etc.

DISHWASHING SET-UP

The following procedures are recommended in Temporary Food Establishments for washing multi-use eating and drinking utensils by hand.

Use three (3) vats such as small washtubs or a three-compartment sink.

1. The first vat is used for washing items with hot water and a suitable soap or detergent.
2. The second is used for rinsing in hot water.
3. The third is filled with chlorine solution made of 1 teaspoon per gallon of water. (Liquid unscented bleach, Clorox, Purex, or their equivalents are acceptable compounds.)

Air-dry all sanitized items. DO NOT dry with a towel.



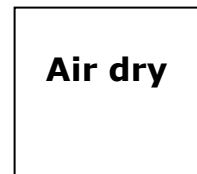
DETERGENT AND
WATER



FRESH WATER



50 PPM CHLORINE
1 TEASPOON/GAL
WATER



DRYING RACK OR
TABLE

NOTE: Dumping wastewater on the ground or in a storm drain is prohibited.

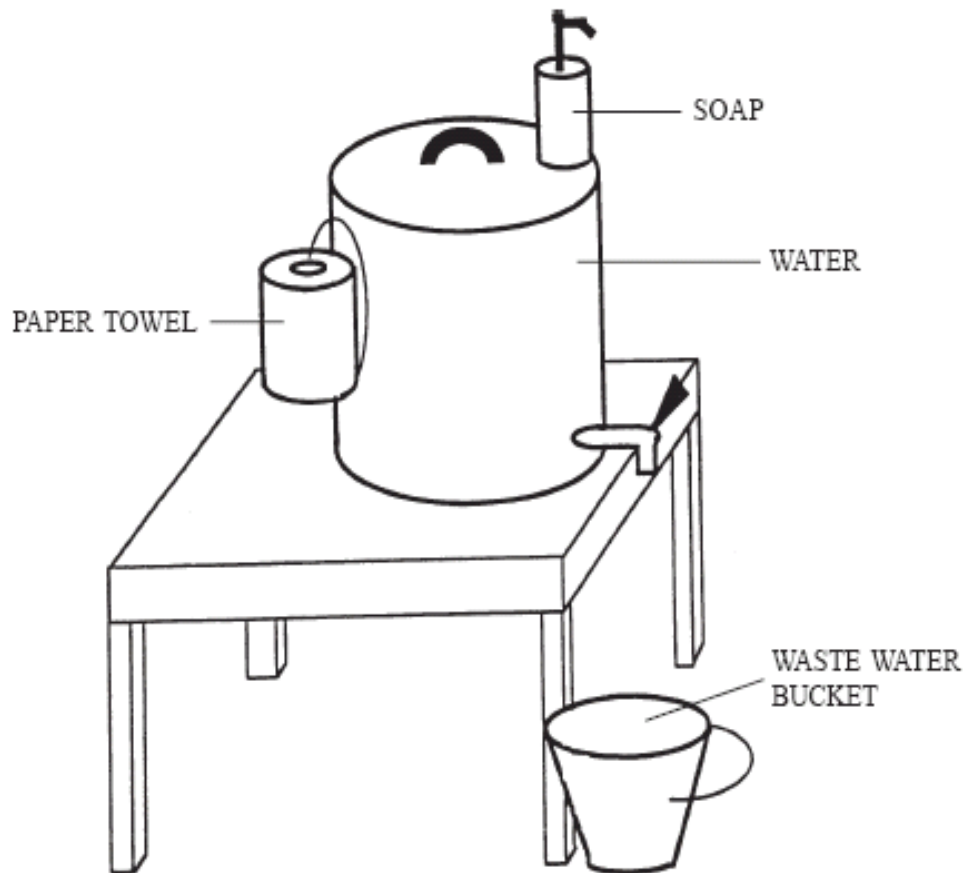
**Method of wastewater disposal must be approved
by Central District Health.**

HANDWASHING SET-UP

- Use a water container with a turn valve. Place a bucket under the spigot to catch wastewater.
- Have soap dispenser nearby.
- Place paper towels on a spindle or hang from string or wire.

(Note: Dumping wastewater on the ground or in a storm drain is prohibited)

Method of waste water disposal must be approved by Central District Health.



Also acceptable as water container: Collapsible water jugs, plastic jug, each with TURN valve.

SELF INSPECTION SHEET

Complete this form before opening your facility. Keep it available for Health Department's inspection.

Establishment Name: _____

Location of booth: _____

Date: _____ Time of Self-Inspection: _____

- | | Check One | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Are your foods, water, ice, syrups, etc. obtained from a health department approved source? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are your foods covered to protect them from dust, flies, children's fingers and tongues? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are your foods and ice stored off the ground a minimum of six (6) inches and paper goods a minimum of four (4) inches? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have tongs, paper, etc. to comply with <u>No Bare Hand Contact</u> of ready-to-eat foods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are your workers wearing clean clothes and have clean hands and fingernails? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you checked to makes sure none of your sales people have a bad cold or are sick? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have water, soap, paper towels, or other approved hand washing facilities in your booth? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have adequate wash sinks with bleach available? Bleach loses strength with age. Use a new bottle. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the Health Department inspected and approved any perishable products that require refrigeration?
Examples: Fish, poultry, meat products, milk products. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you made sure that the people who might handle money wash their hands and put on gloves before handling wrapped foods? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are your refrigerators equipped with thermometers and holding food at 41° or less? Do you have a metal stemmed thermometer for checking hot food temperatures? | <input type="checkbox"/> | <input type="checkbox"/> |

You must be able to answer YES to all questions before opening your facility

**Please be sure these items are in compliance BEFORE your first inspection.
Consult with Central District Health about Item 9 prior to event.**

Print your name _____

Signature _____