



Working for Healthy Communities

Food Service Establishment Permit Application

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Email: _____

Owner Name: _____ **Owner Phone:** _____

Address: _____

Food Safety Manager: _____ **Certificate #/Date:** _____

Maintenance of Food Service Establishment Permit is conditional upon compliance with the Central Utah Public Health Department food service sanitation regulations and may be suspended and/or revoked for cause.

Applicant Signature: _____ Date: _____

- Permits are valid for the calendar year, renewable on January 1st of each year.
- Permits are non-transferable.

Office Use Only			
Permit Fees: <input type="checkbox"/> Tier 1: \$190 <input type="checkbox"/> Tier 2: \$280 <input type="checkbox"/> Tier 3: \$310 <input type="checkbox"/> Tier 4: \$350			
Amount Paid: _____		Permit #: _____	
Date Received: _____	Received by: _____		Receipt #: _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card			