



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	
Plan Review Fee: <input type="checkbox"/> \$250	
Permit Fees: <input type="checkbox"/> Tier 1: \$250 <input type="checkbox"/> Tier 2: \$325 <input type="checkbox"/> Tier 3: \$375 <input type="checkbox"/> Tier 4: \$425	
Amount Paid: _____	Permit #: _____
Date Received: _____	Received by: _____ Receipt #: _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card	