



Uintah County
 133 S. 500 E.
 Vernal, UT 84078
 P: (435) 247-1160
 F: (435) 781-0537

Duchesne County
 409 S. 200 E.
 Roosevelt, UT 84066
 P: (435) 722-6310
 F: (435) 722-6610

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

Establishment Name: _____
 Street Address: _____
 Mailing Address (If different from street address): _____
 Establishment Phone #: _____ Email: _____

Certified Food Safety Manager's Name: _____
 Signature: _____ Phone number: _____

Name of Legal Owner: _____
 Is the Legal Owner an: Individual Partnership Corporation Association Other: _____
 Provide the name of all individuals comprising legal ownership and their mailing addresses:
 (attach additional pages if needed)

Name of Person Applying for Permit: _____ Birth Date: _____
 Phone #: _____ What is your relationship to this establishment? _____

1. Is the establishment mobile? Yes (**vehicle license plate #** _____) No
2. Does the establishment cater? Yes (**catering fee \$200.00**) No
 (If yes, give advanced notice to TriCounty Health Department for each catered event.)
3. Is this establishment a licensed bar, tavern, or private club? Yes No
4. Is your establishment part of a franchise? Yes No
 If Yes, Name of Franchise: _____
 Address: _____ Phone: _____
5. Days and hours of operation: _____
 If non-continuous, Opening Date: _____ Closing Date: _____
6. What entity issued your business license? _____
(Please indicate name of city or county entity)
7. Who provides your public water and sewer connection? _____

I hereby certify to the best of my knowledge, the foregoing information is correct. I agree to abide by TriCounty Health Department's food establishment sanitation rules. I understand that this permit is revocable for non-compliance with health department rules and regulations. The health department will be allowed inspection access to the establishment and establishment records. I understand that this permit is non-transferable.

Applicant's Signature: _____ Date: _____
 Rev. 10/23/18 ca

HEALTH DEPARTMENT USE ONLY

Date Received: _____ Amount Paid: _____

Receipt #: _____ Received By: _____

Approval Signature: _____ Date: _____