



Uintah County
 133 S. 500 E.
 Vernal, UT 84078
 P: (435) 247-1160
 F: (866) 249-5255

Duchesne County
 409 S. 200 E.
 Roosevelt, UT 84066
 P: (435) 722-6310
 F: (866) 269-6335

APPLICATION FOR FOOD TRUCK 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. **Vehicle license plate # _____ *MUST SUBMIT MENU**
2. Days, hours and locations of operation: _____
3. Commissary: yes no If yes location of commissary: _____
4. Public Water source: _____ Wastewater disposal: _____
5. Where will utensils be properly cleaned? _____

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: _____

HEALTH DEPARTMENT USE ONLY Date Received: _____ Amount Paid: _____
 Receipt #: _____ Received By: _____ Tier 1: _____ Tier 2: _____
 Approval Signature: _____ Date: _____

