

UTAH COUNTY HEALTH DEPARTMENT

Division of Environmental Health

utahcountyonline.org

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FOOD APPLICATION FOR ANNUAL HEALTH PERMIT\*

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner Mailing Address: (if different from above) \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business email \_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Food- # Seats \_\_\_\_\_ or Square Footage of Kitchen \_\_\_\_\_

Mobile Food- License Plate # \_\_\_\_\_

Vending Route (mobile food) or means of advertising (social media, website, etc) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension/ email: \_\_\_\_\_

\*Incomplete applications will not be accepted.

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and specifically waive all objections thereto:

- This permit is non-transferable.
Prior to operating the business authorized by said permit, all fees relating to said permit shall be paid and premises inspected by the Utah County Health Department. Pre-opening inspection must be scheduled at least 2 business days prior to opening date of business.
All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
During the term of said permit, I, and my employees will allow Utah County Health Department inspector's access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may Result in suspension, termination, or non-renewal of said permit.

Please Print

Applicant's Name: \_\_\_\_\_
Relationship to Business:
[ ] Owner [ ] Manager [ ] Other: \_\_\_\_\_
Signature of Applicant: \_\_\_\_\_
Date of Signature: \_\_\_\_\_

Permit No: \_\_\_\_\_ Permit Fee: \$ \_\_\_\_\_
Payment Received By: \_\_\_\_\_
Payment Date: \_\_\_\_\_
Cash [ ] Check [ ] Credit/Debit [ ]