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APPLICATION FOR TEMPORARY FOOD PERMIT

PLEASE COMPLETE ENTIRE APPLICATION FOR 1ST TEMPORARY EVENT OF 2021

****FOR ADDITIONAL EVENTS, COMPLETE PAGES 3 & 4 ONLY****

Business Name _____ Owner Name _____ Email _____

Address _____ City _____ State _____ Zip _____ Phone # _____

Booth Name (If different Than Business Name) _____ No. Of Booths _____

Name of worker(s) present at booth with a Food Handler Card _____

- Where will you discard wastewater and grease? _____
- How will utensils be supplied to the customers? _____
- How will your dishes/utensils be washed, rinsed, and sanitized? _____
- How will workers wash their hands? _____
- If you are preparing food before arriving at the event, where will you be making your food? _____

Commissary Required	Yes	No	
Name of Commissary _____	Physical Address _____		
Contact Person at Commissary _____	Commissary Phone # _____		

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

This permit is for one temporary food booth and is non-transferable and non-refundable.

I have read and understand the hand washing requirements.

My menu will not be altered from items listed in this application without approval of UCHD.

I understand all food must be prepared on site or in a permitted kitchen and shall not be prepared in my home.

I understand the following conditions may warrant immediate closure:

- Lack of a current UCHD permit for each event
- Lack of a hand wash station
- Foods prepared at or brought from home
- Critical violations/or imminent health hazards
- Lack of equipment or capacity to hold potential hazardous food at required temperatures

Prohibited Activities:

- Time as a public health control is not allowed at temporary events
- Eating, drinking, or smoking is not allowed in food booths
- I understand special processes (reduced oxygen packaging, fermentation, curing, sushi without HACCP, etc.) aren't allowed at temporary events.

All businesses operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statute, ordinances, rules and regulations. During the term of said permit, I and my employees will allow Health Department inspectors access to my booth during working hours to conduct inspections as may be necessary to verify 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.

- Hand wash stations are required to be operational before preparing and serving food
- Permits shall be posted and visible to customers at each booth

I understand and agree that violation of this application agreement may result in suspension or revocation of said permit.

Applicant Signature _____ Applicant Name (Print) _____

EHS Approval (Signature) _____ EHS Name (Print) _____ Date _____

Business Name:	Owner Name:	Phone:
Business Address:	Email:	No of Booths
Event Name:	Event Location:	City:
Event Coordinator:	Coordinator Phone/Email:	Hours:

***Please circle dates of events on calendar below.**

2021

January	February	March	April	May	June
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
July	August	September	October	November	December
S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Fee Schedule (The following will be completed by UCHD)

1-14 Day Event	<input type="checkbox"/> \$75 X _____ = \$ _____	Permit Fee	_____
Additional Event	<input type="checkbox"/> \$20 X _____ = \$ _____	Late Fee - Less Than 4 business Days (\$25)	_____
		Total Amount Due	\$ _____
		Payment Date: _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/>
		Received By: _____	_____

FOOD PREPARATION AND MENU

Where will food be purchased? (Examples: Costco, Sam’s Club) _____

- **Menu:** Only food/menu items listed below will be approved to serve. Approval for any changes must be requested before the event.
- Any foods that require cooling must be done at an approved kitchen. Cooling hot food is not allowed at a temporary event.
- Temperature Control: Any food found in the Danger Zone above 41°F and below 135°F will be discarded.
- Time as a public health control is prohibited at temporary events.

MENU: Complete the table below. List all foods, beverages, and condiments that will be served. Use additional paper as needed.

Menu Item	How is food purchased at store? (raw or pre-cooked)	Prepared in booth or approved kitchen?	Transport item hot or cold? What type of equipment for transport?	Cold holding equipment used at event? (41°F or below)	Cooking/reheating equipment used? Final cook/reheat temperature?	Hot holding equipment used? (135°F or above) <i>*Sterno not allowed</i>
Example: <u>Hamburger</u>	<u>Raw</u>	<u>Booth</u>	<u>Cold Ice Chest</u>	<u>Ice Chest</u>	<u>Grill 155°F</u>	<u>Grill/Steam Table</u>