



Central Utah Public Health Department  
Division of Environmental Health

**Application for Primary Food Truck Permit**

Owner(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: *(if different than above)* \_\_\_\_\_

Business Name: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Commissary/Kitchen Agreement Location: \_\_\_\_\_

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

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

Mailing Address: *(if different than above)* \_\_\_\_\_

Vending Route, means of advertising (social media, website, etc.): \_\_\_\_\_

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

Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Email: \_\_\_\_\_

**\*Incomplete applications will not be accepted.**

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

- This permit is non-transferable. **Permit will expire December 31 of each year.**
- Prior to operating the business authorized by said permit, all fees relating to said permit shall be paid.
- All businesses & premises operated pursuant to said permit will be conducted & maintained in accordance with all relevant health statutes, ordinances, rules, & regulations.
- During the term of said permit, I & my employees will allow Central Utah Public Health Department inspectors 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: *(check one below)*

Owner  Manager  Other: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**Office Use Only**

Tier 1: \$200  Tier 2: \$350 Permit #: \_\_\_\_\_

Payment Received By: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Payment Method: *(check one below)*

Cash  Check #: \_\_\_\_\_  Credit Card