



Mobile Food Business Permit Application

Business Name: _____

Mailing Address: _____

Business Phone: _____ Email: _____

License Plate #: _____

Owner Name: _____ **Owner Phone:** _____

Address: _____

Food Safety Manager: _____ **Certificate #/Date:** _____

Commissary Location: _____

Maintenance of Mobile Food Business Permit is conditional upon compliance with the Central Utah Health Department food service sanitation regulations and may be suspended and/or revoked for cause.

Applicant Signature: _____ Date: _____

- Permits are valid for the calendar year, renewable on January 1st of each year.
- Permits are non-transferable.

Office Use Only

Permit Fees: Tier 1: \$200 Tier 2: \$350

Amount Paid: _____ Permit #: _____

Date Received: _____ Received by: _____ Receipt #: _____

Payment Method: Cash Check #: _____ Credit Card