



Mobile Food Business Permit Application

Business Name: _____

Mailing Address: _____

Business Phone: _____ Email: _____

License Plate #: _____

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

Address: _____

Food Safety Manager: _____

Certificate #: _____ Exp. Date: _____

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: \$350 Tier 2: \$500

Amount Paid: _____ Permit #: _____

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

Payment Method: Cash Check #: _____ Credit Card



Mobile Food Business Commissary Information

Name of Commissary: _____

Location of Commissary: _____

Signed Commissary Agreement must be attached to this application.

Requesting Commissary Exemption: (Must also fill out Exemption Application)

Supplier of food: _____

Frequency of delivery or pick up: _____

Where do you store the following food items?

Temperature controlled ingredients: _____

Shelf-stable ingredients: _____

Prepared food (from day to day): _____

Where do you clean & sanitize dishes & utensils: _____

Fresh water source & filling location: _____

Waste Disposal Information:

Solid waste disposal location: _____

Grease & grease trap disposal: _____

Wastewater disposal location(s): _____

*Include signed agreements, or save disposal receipts.

Truck Location Information:

Where is the truck/cart parked when not in use: _____

Where is the truck/cart most often parked while in use: _____