



# Food Service Establishment Permit Application

**Business Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Owner Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

**Food Safety Manager:** \_\_\_\_\_ **Certificate #/Date:** \_\_\_\_\_

Maintenance of Food Service Establishment Permit is conditional upon compliance with the Central Utah Public 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 1<sup>st</sup> of each year.
- Permits are non-transferable.

<b>Office Use Only</b>		
<b>Plan Review Fee:</b> <input type="checkbox"/> \$250		
<b>Permit Fees:</b> <input type="checkbox"/> Seasonal Low: \$75 <input type="checkbox"/> Very Low: \$150 <input type="checkbox"/> Tier 1: \$250		
<input type="checkbox"/> Tier 2: \$325 <input type="checkbox"/> Tier 3: \$375 <input type="checkbox"/> Tier 4: \$425		
Amount Paid: _____	Permit #: _____	
Date Received: _____	Received by: _____	Receipt #: _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ <input type="checkbox"/> Credit Card		