



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 1st of each year.
- Permits are non-transferable.

Office Use Only

Plan Review Fee: ☐ \$250

Permit Fees: ☐ Seasonal Low: \$75 ☐ Very Low: \$150 ☐ Tier 1: \$275

☐ Tier 2: \$350 ☐ Tier 3: \$400 ☐ Tier 4: \$425

Amount Paid: _____ **Permit #:** _____

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

Payment Method: ☐ Cash ☐ Check #: _____ ☐ Credit Card