

APPLICATION FOR A PRIMARY MOBILE FOOD SERVICE ESTABLISHMENT

*Please submit plans and specifications prior to any construction, remodeling or alterations.
 Show equipment layout, plumbing details, and construction materials for entire vehicle.
 Also show size, location and type of food preparation and storage equipment.*

Date: _____
 Name of Food Service Establishment: _____ Phone: () - _____
(this name will appear on the license)

Mailing Address: _____
 Same as Physical Address Use Business Owner Address City State Zip

E-mail Address: _____

Vehicle Make: _____ Model: _____ License Plate: _____

Commissary Location: _____ **Please provide documentation of a commissary agreement**
(MUST BE A PERMITTED COMMERCIAL KITCHEN)

How will vending site notification be provided? _____

Name of Certified Food Safety Manager: _____ Certification Issue date: _____

Attach documentation of current certification

Note: the State of Utah will only recognize certification for three (3) years from the date of issue.

***ALL EMPLOYEES ARE REQUIRED TO HAVE A FOOD HANDLERS PERMIT.**

PLEASE VISIT WWW.SWUHEALTH.ORG FOR CLASS DAYS AND TIMES.

Owner Type: Corporation Individual Legal Owner Owner Operator Partnership

Name of Business Owner: _____ Phone: () - _____
(NAME OF CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

Business Owner Address: _____
 City State Zip

Principal Contact Person: _____

A HEALTH INSPECTION OF YOUR VEHICLE IS REQUIRED PRIOR TO OPENING. PLEASE CONTACT THE SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT TO SCHEDULE YOUR PRE-OPENING INSPECTION.

Signature of Applicant: _____ Date: _____

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Signature of Health Department Inspector: _____ Date: _____
 Approved: Rejected:

Fees Received: \$ _____
Initials Tier 1 Tier 2

Wastewater disposal site approval verified? Yes No
 Commissary agreement verified? Yes No

For Office Use Only