



620 S. 400 East #400, ST. GEORGE, UT 84770 - 435-673-3528
260 E. D.L. Sargent Drive, CEDAR CITY, UT 84721 - 435-586-2437
445 North Main Street, KANAB, UT 84741 - 435-644-2537
PO Box 374, 601 East Center, PANGUITCH, UT 84791 - 435-676-8800
PO Box G, 75 West 1175 North, BEAVER, UT 84713 - 435-438-2482

TEMPORARY FOOD SERVICE APPLICATION

Fee Schedule table with columns for permit type (Temporary/Seasonal), duration (1 Day, 2-3 Days, 4-14 Days), and fee amounts including on-site fees.

Date: _____

Business Name: _____ Phone: () - _____
(This name will appear on the license and should be the name on the booth)

Mailing Address: _____
Use Business Owner Address City State Zip

E-Mail Address: _____

Type of Business: Corporation Individual Legal Owner Owner Operator Partnership

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

Business Owner Address: _____
Use Mailing Address City State Zip

Principle Contact Person: _____ Phone: () - _____

Type of Operation: Single event (Good for any one event not to exceed 14 consecutive days)
6 Month Seasonal Permit (valid for up to six months. Contact office for details.)

Name of Event: _____ Date(s) _____

Location of Event: _____
City State Zip

Event Host: _____ Phone: () - _____

Will all food be prepared at the Temporary Food Service location? Yes No
If No, give the name and address of the approved commercial kitchen where food will be prepared:

Name of Kitchen: _____ Address: _____

List ALL prepared food menu items to be served (include prepared drinks, desserts, salads, etc.):

ADDITIONAL MENU ITEMS REQUIRE HEALTH DEPARTMENT APPROVAL!

How will food be kept COLD? Ice chests Onsite refrigerator Onsite freezer Other:

How will food be kept HOT? Cooked to order Chafing dish/ crock pot/ roaster Other:

How will cleaning cloths be sanitized? Sanitizing wipes Bleach water solution (use test strips) Other:

How will hand washing facilities be provided? (Hand washing facilities MUST be located within 25 feet of food preparation areas).

How will trash be disposed of? Disposal provided by the event Other:

How will waste water be disposed of? (Do not dump waste water on the ground or in storm sewers!)

Signature of Applicant: _____ Date: _____

EVERYONE PREPARING FOOD IS REQUIRED TO HAVE A FOOD HANDLER PERMIT.

PLEASE VISIT WWW.SWUHEALTH.ORG FOR CLASS INFORMATION.

Signature of Health Department Inspector: _____ Date: _____

Approved: Rejected:

Fees Received \$ _____ Initials _____

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