



# APPLICATION

## FOR A SECONDARY MOBILE FOOD SERVICE ESTABLISHMENT

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](http://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: \_\_\_\_\_

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*