

# Application For Food Establishment Permit

Establishment Name: \_\_\_\_\_

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

Mailing Address (If different from street address): \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_

Business Tax I.D. # \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Name of Legal Owner: \_\_\_\_\_

Is the Legal Owner an:

Individual  Partnership  Corporation  Association

Other: Provide the name of all individuals comprising legal ownership and their mailing addresses: (attach additional pages if needed)

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Name of Person Applying for Permit: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

What is your relationship to this establishment? \_\_\_\_\_

1. Does the food establishment operate from a single stationary location?

Yes  No

If No, is the establishment mobile?  Yes  No

2. Does the establishment cater?  Yes  No

(If yes, you will need to notify TriCounty Health Department at (435) 781-5473 or (435) 722-5085 of events you will be catering.)

3. Is this establishment a licensed bar, tavern, or private club?  
\_\_\_Yes \_\_\_No

4. Is your establishment part of a franchise? \_\_\_Yes\_\_\_No  
If Yes, Name of Franchise: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

5. Is this establishment ever closed for 120 days or more during the year? \_\_\_Yes \_\_\_No

6. Seasons, days, and hours of operation: \_\_\_\_\_  
If noncontinuous, Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

7. What is the establishments maximum seating capacity? \_\_\_\_\_

8. What entity issued your business license? \_\_\_\_\_  
(Please indicate name of city or county entity)

I hereby certify to the best of my knowledge, the foregoing information is correct. I agree to abide by TriCounty Health Department's food establishment sanitation rules. I understand that this permit is revocable for non-compliance with health department rules and regulations. The health department will be allowed inspection access to the establishment and establishment records. I understand that this permit is non-transferrable.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HEALTH DEPARTMENT USE ONLY	
Date Received:	Amount Paid:
Receipt #	Received By:
Approval Signature:	Date: