UTAH COUNTY HEALTH DEPARTMENT
Division of Environmental Health
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APPLICATION FOR TEMPORARY FOOD PERMIT

Please Indicate Below the Type of Temporary Permit You Are Requesting

1 - 14 Consecutive Days ☐   Additional Event – **SAME MENU** ☐   Bake Sale or Fundraiser ☐   Sampling Only ☐

Business Name _____ Owner Name _____ Email _____

Address _____ City _____ State _____ Zip _____ Phone # _____

Booth Name (If different Than Business Name) _____ No. Of Booths _____

	Event #1						Event #2						Event #3				
EVENT NAME																		
LOCATION																		
CITY																		
EVENT COORDINATOR																		
COORD. PHONE NO.																		
		Date	Hour		Date	Hour		Date	Hour		Date	Hour		Date	Hour		Date	Hour
DATES and TIMES FOOD SERVED	Day 1	__/__	__to__	Day 8	__/__	__to__	Day 1	__/__	__to__	Day 8	__/__	__to__	Day 1	__/__	__to__	Day 8	__/__	__to__
	Day 2	__/__	__to__	Day 9	__/__	__to__	Day 2	__/__	__to__	Day 9	__/__	__to__	Day 2	__/__	__to__	Day 9	__/__	__to__
	Day 3	__/__	__to__	Day 10	__/__	__to__	Day 3	__/__	__to__	Day 10	__/__	__to__	Day 3	__/__	__to__	Day 10	__/__	__to__
	Day 4	__/__	__to__	Day 11	__/__	__to__	Day 4	__/__	__to__	Day 11	__/__	__to__	Day 4	__/__	__to__	Day 11	__/__	__to__
	Day 5	__/__	__to__	Day 12	__/__	__to__	Day 5	__/__	__to__	Day 12	__/__	__to__	Day 5	__/__	__to__	Day 12	__/__	__to__
	Day 6	__/__	__to__	Day 13	__/__	__to__	Day 6	__/__	__to__	Day 13	__/__	__to__	Day 6	__/__	__to__	Day 13	__/__	__to__
	Day 7	__/__	__to__	Day 14	__/__	__to__	Day 7	__/__	__to__	Day 14	__/__	__to__	Day 7	__/__	__to__	Day 14	__/__	__to__

The following questions MUST be answered

- Name of worker(s) present at booth with a Food Handler Card _____
- How will your booth be covered? _____
- How will utensils be supplied to the customers? _____
- How will your dishes/utensils be washed, rinsed, and sanitized? _____
- How will workers wash their hands? _____
- If you are preparing food before arriving at the event, where will you be making your food? _____

Menu Item	Source of Food	Preparation (Where & How) Food *CANNOT* Be Prepared At Home	Cooking Method	Cold Holding 41º F	Hot Holding 135º F	Food Handling

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and waive all objections thereto:

1. This permit is for one temporary food booth and is non-transferable.
2. Menu will not be altered from items listed above without the approval of the Utah County Health Dept.
3. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
4. I understand that all food must be prepared on site or in a permitted kitchen. No food can be prepared in my home.
5. During the term of said permit, I and my employees will allow Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension or revocation of said permit.

Applicant Name (Please Print)_____ Signature of Applicant _____ Date _____

Reviewed by_____ Date of Review _____

PERMIT FEE IS DETERMINED BY TYPES OF FOOD SERVED AND LENGTH OF EVENT

Low Risk: Foods that are not potentially hazardous (e.g. cotton candy, snow cones, popcorn, commercially frozen ice cream, nuts, breads, most baked goods)

Medium Risk: Potentially hazardous foods (e.g. hamburgers, hot dogs, cooked rice, tacos, pizza, corn on the cob, ice cream frozen by vendor, cut melons)

High Risk: Potentially hazardous foods that are cooked and cooled, or are cooked, cooled and reheated (e.g. potato salad, tamales, lasagna, fried rice)

*** The Following Boxes Will Be Filled Out By UCHD ***

	Low Risk	Medium Risk	High Risk
1-14 Day Event	$50	$75	$100
Additional Event	$10	$20	$ 40
Bake Sale or Fund Raiser	$25	NA	NA
Sampling – Low Risk	$25/yr	NA	NA
(Dept of Ag or Exempt Farm)			

Permit Fee $_____
   Late Fee (less than 4 business days) $25 $_____

Total Amount Due $_____

Payment Date: _____ Cash ☐ Check ☐ Credit/Debit ☐
Received By: _____ _____ _____