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Health Department
Division of Environmental Health
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599 South 500 East, American Fork UT 84003

APPLICATION FOR TEMPORARY FOOD PERMIT

Please Indicate Below the Type of Temporary Permit You Are Requesting

1 - 14 Consecutive Days

Additional Event – SAME MENU

Sampling Only

Business Name _____ Owner Name _____ Email _____

Address _____ City _____ State _____ Zip _____ Phone # _____

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

Name of worker(s) present at booth with a Food Handler Card _____

- Where will you discard waste water and grease? _____
- 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? _____

Commissary Required	Yes	No
Name of Commissary _____	Physical Address _____	
Contact Person at Commissary _____	Commissary Phone # _____	

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

This permit is for one temporary food booth and is non-transferable and non-refundable.

I have read and understand the hand washing requirements.

I understand special processes (reduced oxygen packaging, fermentation, curing, etc.) are not allowed at temporary food events.

My menu will not be altered from items listed in this application without approval of UCHD. (Additional fees will be charged for menu changes).

I understand all food must be prepared on site or in a permitted kitchen and shall not be prepared in my home.

I understand the following conditions may warrant immediate closure:

- Lack of a current UCHD permit for each event
- Lack of a hand wash station
- Foods prepared at or brought from home
- Critical violations/or imminent health hazards
- Lack of equipment or capacity to hold potential hazardous food at required temperatures

Prohibited Activities:

- Time as a public health control is not allowed at temporary events
- Eating, drinking, or smoking is not allowed in food booths

All businesses operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statute, ordinances, rules and regulations.

During the term of said permit, I and my employees will allow Health Department inspectors access to my booth during working hours to conduct inspections as may be necessary to verify 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 Signature _____ Applicant Name (Print) _____

EHS Approval (Signature) _____ EHS Name (Print) _____ Date _____

Event Name:	Location:	Hours:
City:	Event Coordinator:	Coordinator's Phone Number:

JANUARY	FEBRUARY	MARCH	APRIL
M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 25 27 28 29 30 31	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
MAY	JUNE	JULY	AUGUST
M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 30 31

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Fee Schedule (The following will be completed by UCHD)

	<u>Low Risk</u>	<u>High Risk</u>
1-14 Day Event	<input type="checkbox"/> \$50 X	<input type="checkbox"/> \$75 X
Additional Event	<input type="checkbox"/> \$10 X	<input type="checkbox"/> \$20 X
Sampling – Low Risk	<input type="checkbox"/> \$25/yr.	<input type="checkbox"/> NA

Permit Fee	\$ _____
Late Fee - Less Than 4 business Days (\$25)	\$ _____
Open Without a Permit (\$100 Additional)	\$ _____
Total Amount Due	\$ _____
Payment Date: _____	Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/>
Received By: _____	_____