



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444
www.tooelehealth.org

APPLICATION FOR FOOD HANDLER PERMIT

Name: _____

Home Address: _____

City State Zip

Mailing Address: _____

(If different from Home Address)

Date of Birth: ____/____/____ Phone Number: (____) _____
Month Date Year Area Code

Place of Employment: _____ City: _____

Have you ever tested positive for?

YES NO

Typhoid Fever	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>

*******READ AND SIGN*******

I agree to abide by all local ordinances and laws of the State of Utah governing the service of food and beverage and I understand that failure to do so may result in revocation of my food service worker's permit and/or other action as the law requires.

Signed: _____ Date: _____

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OFFICE USE ONLY

Amount Paid: \$ _____ Check Cash C.C

Photo Identification Verified Class Taken Online? Yes No

Received by: _____ Receipt#: R45-_____

Date: _____ Permit #: _____