



## APPLICATION FOR SEASONAL FOOD SERVICE ESTABLISHMENT PERMIT

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

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Seasonal food service establishment permits may be issued to vendors participating in more than 10 events in Tooele County.
- Seasonal food service establishment permits will be valid from March 1<sup>st</sup> to November 30<sup>th</sup> of the calendar year.
- A schedule listing the dates and times of events must be submitted to the Department at the time of application. Any additions to the schedule must be submitted to the Department at least 72 hours prior to the event. Failure to do so **may** result in the exclusion of the establishment from the event.
- A seasonal food establishment permit will **only** be issued to vendors with a satisfactory history of food code compliance in Tooele County.
- Time may not be used as a food safety control for food items.
- At least **one** person with a valid food handler’s permit must be present in the establishment at all times. The food handler’s permit must be available upon request by the local health authority.
- A proper handwashing station must be set up and operational prior to and during any food preparation or food handling.
- Non-compliance with the food code or any of the stipulations listed above may result in the immediate suspension of the seasonal food establishment permit.

*Applicant agrees that maintenance of a health permit is predicated on compliance with the Utah Code R392-100 (Food Service Sanitation) and Tooele County Health Department Regulation# 4. This permit is revocable for noncompliance.*

**Statement: I hereby certify that all information provided is correct, and I fully understand that any deviation without approval from the Tooele County Health Department may be grounds for suspension of any permit issued. The health department can make additional requirements.**

Applicants signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Fee Paid: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

EH Specialist’s Signature: \_\_\_\_\_