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MOBILE FOOD TRUCK PERMIT APPLICATION

Business Name: _____

Mailing Address: _____

Name of Business Owner: _____ Phone Number: _____

Email Address: _____ License Plate Number: _____

Type of Permit:

Primary: ___ Secondary: ___

Tier:

1 (two or fewer low-risk TCS Ingredients) _____

2 (more than two TCS Ingredients) _____

Certified Food Safety Manager is required for Tier 2

If applying for a Secondary Permit, a copy of the Primary or Yearly Permit will need to be provided with application.

Where was the Primary permit issued: _____ Date of Expiration: _____

A Primary Permit is valid for one year from date of issue. Secondary Permits will be the same expiration date as the primary permit.

ALL EMPLOYEES WILL HAVE A VALID FOOD HANDLER'S PERMIT AVAILABLE UPON REQUEST OF THE LOCAL HEALTH INSPECTOR.

Applicant's Signature

OFFICE USE ONLY

Date: _____ Fee Due: _____ Receipt #: _____

Permit Number: _____ Permit expires: _____ Plan review paid: _____

(Environmental Health Specialist Signature)