



TOOELE COUNTY
HEALTH
DEPARTMENT

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

MOBILE FOOD TRUCK PERMIT APPLICATION

Business Name: _____

Mailing Address: _____
Street address City State Zip

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

Commissary Name: _____ Contact name: _____

Address: _____ City: _____ Phone: _____

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. Applicant agrees to submit a schedule of events and times to the Health Department at least 72 hours in advance.

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: _____ Plan review paid: _____

Permit Number: _____ Permit expires: _____

(Environmental Health Specialist Signature)