



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

APPLICATION FOR CHILD CARE FOOD SERVICE INSPECTION

Completed application and fee of \$50.00 must be received before an inspection will be scheduled

PLEASE PRINT:

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Type of Inspection Requesting:

Licensed Family

Licensed Family Group

Residential Certificate

Signature of Applicant

Date

Inspection is by appointment only. Please allow up to 5 (five) business days for completion of inspection.

OFFICE USE ONLY

Receipt Number: _____

Date: _____

E.H. Scientist: _____

CDP#: _____