



TOOELE COUNTY
HEALTH
D E P A R T M E N T

151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
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www.tooelehealth.org

FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Food Establishment: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Name of Business Owner: _____ Phone Number: _____

Email Address: _____

Certified Food Safety Manager: _____ Expires: _____

Type of Establishment:

Restaurant; _____ Bar or Lounge; _____ Catering; _____ Convenience Store; _____ Other; _____

Applicant agrees that maintenance of a health permit is predicated on compliance with the Tooele County Food Service Sanitation Rules and Regulations. This permit is revocable for noncompliance. Permit is valid for one year from date of issue.

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: _____

Category: I II III IV
(Circle One)

Inspection Interval: 90 120 180 360
(Days) (Circle One)

EHS #: _____

(Environmental Health Specialist Signature)