



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](http://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

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OFFICE USE ONLY

Date: \_\_\_\_\_ Fee Due: \_\_\_\_\_ Plan review paid: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Permit expires: \_\_\_\_\_

\_\_\_\_\_  
(Environmental Health Specialist Signature)