



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)

## APPLICATION FOR FOOD SAFETY MANAGER CERTIFICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(P.O Box)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever had: Typhoid fever \_\_\_\_\_ Hepatitis \_\_\_\_\_ Tuberculosis \_\_\_\_\_

**\*\*\*\*READ AND SIGN\*\*\*\***

I agree to abide by all local ordinances and laws of the State of Utah governing the service of food and beverage and I understand that failure to do so may result in revocation of my Food Safety Manager Certification.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Food Service Manager Exam: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

A Tooele County Health Department certificate will be issued to the applicant after the following items are received and approved:

Application

Copy of Certificate

\$20.00 Fee

(Payable to Tooele County Health Department)

OFFICE USE ONLY

Receipt Number: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Expires: \_\_\_\_\_ E.H Specialist: \_\_\_\_\_