



Environmental Health Division
85 East 1800 North
Logan, UT 84341
Telephone 435-792-6570
Fax 435-752-1570

FOOD SERVICE PERMIT APPLICATION

Please Print

Date \_\_\_/\_\_\_/\_\_\_

Transaction Type: [ ] New/ Remodeled Facility [ ] Renewal [ ] Transfer of Ownership
Seating Capacity: \_\_\_\_\_

Facility Information:

(Required for food trucks)

Food Truck License Plate: \_\_\_\_\_

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

Address: \_\_\_\_\_
Street City State ZIP code

Email (Required): \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Alt. Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Mailing Address: (If different from above) In Care Of: \_\_\_\_\_

Position: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_
Street City State ZIP code

Certified Food Safety Manager(s): \_\_\_\_\_
Please attach a copy of certificate(s)

Owner Information:

Primary Owner: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State ZIP code

Email (Required): \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Alt. Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Ownership Type: [ ] Sole Owner [ ] Partnership [ ] Corporation [ ] Other \_\_\_\_\_

Billing Information:

Send Bill To: [ ] Owner [ ] Facility [ ] Third Party (If third party, fill out information below)
Send Permit To: [ ] Owner [ ] Facility [ ] Third Party (If third party, fill out information below)

Address: \_\_\_\_\_
Street City State ZIP code

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Alt. Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_-\_\_\_\_

Signature of Applicant: \_\_\_\_\_

For Office Use Only
Food Permit Fee \$ \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
Permit Issued Date: \_\_\_/\_\_\_/\_\_\_ Est. Number: \_\_\_\_\_ Risk: \_\_\_\_\_

A food safety manager certificate is REQUIRED.

PERMIT PENDING: Completed application / payment in full/ copy of FSM Cert.