



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

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: _____

Table with 4 columns: Food Permit Fee, Received by, Date, Permit Issued Date, Est. Number, Risk. Includes 'For Office Use Only' header.

A food safety manager certificate is NOT REQUIRED.

PERMIT PENDING: Completed application / payment in full.