



Uintah County
133 S. 500 E.
Vernal, UT 84078
P: (435) 247-1160
F: (866) 247-5255

Duchesne County
409 S. 200 E.
Roosevelt, UT 84066
P: (435) 722-6310
F: (866) 269-6335

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

Establishment Name: _____	
Street Address: _____	
Mailing Address (If different from street address): _____	
Establishment Phone #: _____	Email: _____
Certified Food Safety Manager's Name: _____	
Signature: _____ Phone number: _____	
Name of Legal Owner: _____	
Is the Legal Owner an: ___ Individual ___ Partnership ___ Corporation ___ Association ___ Other: _____	
Provide the name of all individuals comprising legal ownership and their mailing addresses: (attach additional pages if needed)	

Name of Person Applying for Permit: _____ Birth Date: _____	
Phone #: _____ What is your relationship to this establishment? _____	

1. Does the establishment cater? ___ Yes (**catering fee \$200.00**) ___ No
(If yes, give advanced notice to TriCounty Health Department for each catered event.)
2. Is this establishment a licensed bar, tavern, or private club? ___ Yes ___ No
3. Is your establishment part of a franchise? ___ Yes ___ No

If Yes, Name of Franchise: _____

Address: _____ Phone: _____
4. Days and hours of operation: _____

If non-continuous, Opening Date: _____ Closing Date: _____
5. What entity issued your business license? _____
(Please indicate name of city or county entity)
6. Who provides your public water and sewer connection? _____

I hereby certify to the best of my knowledge, the foregoing information is correct. I agree to abide by TriCounty Health Department's food establishment sanitation rules. I understand that this permit is revocable for non-compliance with health department rules and regulations. The health department will be allowed inspection access to the establishment and establishment records. I understand that this permit is non-transferable.

Applicant's Signature: _____ Date: _____

HEALTH DEPARTMENT USE ONLY

Date Received: _____ Amount Paid: _____

Receipt #: _____ Received By: _____

Approval Signature: _____ Date: _____