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UTAH COUNTY HEALTH DEPARTMENT  
 Division of Environmental Health  
 utahcountyhealth.org

Office 801.851.7332 • Fax 801.851.7338  
 599 South 500 East, American Fork UT 84003

**APPLICATION FOR TEMPORARY FOOD PERMIT**

Permit No: \_\_\_\_\_

Please Indicate Below the Type of Temporary Permit You Are Requesting

1 - 14 Consecutive Days

Additional Event – SAME MENU

Bake Sale or Fundraiser

Sampling Only

Business Name \_\_\_\_\_ Owner Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Booth Name (If different Than Business Name) \_\_\_\_\_ No. Of Booths \_\_\_\_\_

	Event #1						Event #2						Event #3					
EVENT NAME																		
LOCATION																		
CITY																		
EVENT COORDINATOR																		
COORD. PHONE NO.																		
		Date	Hour		Date	Hour		Date	Hour		Date	Hour		Date	Hour		Date	Hour
DATES	Day 1	__/__/__	to__	Day 8	__/__/__	to__	Day 1	__/__/__	to__	Day 8	__/__/__	to__	Day 1	__/__/__	to__	Day 8	__/__/__	to__
and	Day 2	__/__/__	to__	Day 9	__/__/__	to__	Day 2	__/__/__	to__	Day 9	__/__/__	to__	Day 2	__/__/__	to__	Day 9	__/__/__	to__
TIMES	Day 3	__/__/__	to__	Day 10	__/__/__	to__	Day 3	__/__/__	to__	Day 10	__/__/__	to__	Day 3	__/__/__	to__	Day 10	__/__/__	to__
FOOD	Day 4	__/__/__	to__	Day 11	__/__/__	to__	Day 4	__/__/__	to__	Day 11	__/__/__	to__	Day 4	__/__/__	to__	Day 11	__/__/__	to__
SERVED	Day 5	__/__/__	to__	Day 12	__/__/__	to__	Day 5	__/__/__	to__	Day 12	__/__/__	to__	Day 5	__/__/__	to__	Day 12	__/__/__	to__
	Day 6	__/__/__	to__	Day 13	__/__/__	to__	Day 6	__/__/__	to__	Day 13	__/__/__	to__	Day 6	__/__/__	to__	Day 13	__/__/__	to__
	Day 7	__/__/__	to__	Day 14	__/__/__	to__	Day 7	__/__/__	to__	Day 14	__/__/__	to__	Day 7	__/__/__	to__	Day 14	__/__/__	to__

**\*\*\*The following questions MUST be answered\*\*\***

- Name of worker(s) present at booth with a Food Handler Card \_\_\_\_\_
- How will your booth be covered? \_\_\_\_\_
- How will utensils be supplied to the customers? \_\_\_\_\_
- How will your dishes/utensils be washed, rinsed, and sanitized? \_\_\_\_\_
- How will workers wash their hands? \_\_\_\_\_
- If you are preparing food before arriving at the event, where will you be making your food? \_\_\_\_\_

Menu Item	Source of Food	Preparation (Where & How) Food <u>CANNOT</u> Be Prepared At Home	Cooking Method	Cold Holding 41° F	Hot Holding 135° F	Food Handling

In consideration of granting said permit, I hereby specifically agree to each of the following conditions and waive all objections thereto:

1. This permit is for one temporary food booth and is non-transferable.
2. Menu will not be altered from items listed above without the approval of the Utah County Health Dept.
3. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
4. I understand that all food must be prepared on site or in a permitted kitchen. No food can be prepared in my home.
5. During the term of said permit, I and my employees will allow Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension or revocation of said permit.

Applicant Name (Please Print) \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed by \_\_\_\_\_ Date of Review \_\_\_\_\_ Permit Number \_\_\_\_\_

**PERMIT FEE IS DETERMINED BY TYPES OF FOOD SERVED AND LENGTH OF EVENT**

- Low Risk:** Foods that are not potentially hazardous (e.g. cotton candy, snow cones, popcorn, commercially frozen ice cream, nuts, breads, most baked goods)
- Medium Risk:** Potentially hazardous foods (e.g. hamburgers, hot dogs, cooked rice, tacos, pizza, corn on the cob, ice cream frozen by vendor, cut melons)
- High Risk:** Potentially hazardous foods that are cooked and cooled, or are cooked, cooled and reheated (e.g. potato salad, tamales, lasagna, fried rice)

**\*\*\* The Following Boxes Will Be Filled Out By UCHD \*\*\***

	Low Risk	Medium Risk	High Risk
1-14 Day Event	\$50	\$75	\$100
Additional Event	\$10	\$20	\$ 40
Bake Sale or Fund Raiser	\$25	NA	NA
Sampling – Low Risk (Dept of Ag or Exempt Farm)	\$25/yr	NA	NA

Permit Fee		\$ _____
Late Fee (less than 2 business days)	\$25	\$ _____
Application Submitted Via Fax, Mail, Email	\$10	\$ _____
Total Amount Due		\$ _____
Payment Date: _____	Cash   Check	Credit/Debit   _____
Received By: _____		_____