



Washington County
620 S. 400 E. Suite #400
St. George, UT 84770
435-673-3528

Iron County
260 E. DL Sargent Dr.
Cedar City, UT 84721
435-586-2437

Beaver County
75 W. 1175 N.
Beaver, UT 84713
435-438-2482

Kane County
425 N. Main
Kanab, UT 84741
435-644-2537

Garfield County
609 N. Main St.
Panguitch, UT 84759
435-676-8800

TEMPORARY FOOD SERVICE APPLICATION

Fee for a Temporary Permit (not to exceed 14 days*) \$50.⁰⁰
If late (issued on site or day of event) \$80.⁰⁰

Date: _____

Name of Food Service Establishment: _____ Phone: () - _____

Mailing Address: _____
City State Zip

Name to Appear on License: _____

Name of Business Owner: _____ Phone: () - _____

Business Owner Address: _____
City State Zip

Corporation Individual Legal Owner Owner Operator Partnership

Name of Event: _____ Date(s) Event Will Be Held: _____ - _____

Name of Property Owner: _____ Phone: () - _____

Will food be prepared at the Temporary Food Service location? Yes No

If No, give the name and address of the *approved commercial kitchen* where food will be prepared:

Name of Kitchen: _____ Address: _____

List ALL menu items to be served (include drinks, desserts, salads, etc.): _____

Does every one who will be preparing food have a Food Handler's Permit? Yes No

How will food be kept COLD? _____

How will food be kept HOT? _____

How will hand washing facilities for employees be provided? _____

How will cleaning cloths be sanitized? _____

Will Test Strips be provided for sanitizer? Yes No Commercial Wipes (*i.e.: Clorox wipes*)

How will trash be disposed of? _____

How will waste water be disposed of? _____

I have read the Southwest Utah Public Health Department requirements and all other information contained in the packet, and I agree to abide the rules and regulations.

Signature of Applicant: _____ Date: _____

Signature of Health Department Inspector: _____ Date: _____

Approved: Rejected:

*Seasonal Permits are available. Contact your local Environmental Health Office for more details.

Fees Paid \$ _____
Initials _____

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