



Environmental Health Services
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
[] Primary Mobile [] Secondary Mobile [] Offsite Catering (extra permit required)

Facility Information: Seating Capacity: _____ Food Truck License Plate: _____
(Required for food trucks)

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 _____

Signature of Applicant: _____
(Required)