



APPLICATION MOBILE FOOD SERVICE BUSINESS (Food Truck or Food Court)

*Please submit plans and specifications prior to any construction, remodeling or alterations.
Show equipment layout, plumbing details, and construction materials for entire vehicle.
Also show size, location and type of food preparation and storage equipment.*

Date: _____

Name of Food Service Establishment: _____ Phone: () - _____
(this name will appear on license & exterior of the food truck)

Mailing Address: _____
☐ Same as Physical Address ☐ Use Business Owner Address City State Zip

E-mail Address: _____

Vehicle Make: _____ Model: _____ License Plate: _____

Commissary Location: _____ Please provide documentation of a commissary agreement
(MUST BE A PERMITTED COMMERCIAL KITCHEN)

How will vending site notification be provided? _____

Name of Certified Food Safety Manager: _____ Certification Issue date: _____
Attach documentation of current certification

****ALL EMPLOYEES ARE REQUIRED TO HAVE A FOOD HANDLERS PERMIT.
PLEASE VISIT WWW.SWUHEALTH.GOV/FOOD FOR CLASS DAYS AND TIMES.***

Owner Type: ☐ Corporation ☐ Individual ☐ Legal Owner ☐ Owner Operator ☐ Partnership

Name of Business Owner: _____ Phone: () - _____
(NAME OF CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

Business Owner Address: _____ City State Zip

Principal Contact Person: _____

A HEALTH INSPECTION OF YOUR VEHICLE IS REQUIRED PRIOR TO OPENING. PLEASE CONTACT THE SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT TO SCHEDULE YOUR PRE-OPENING INSPECTION.

Signature of Applicant: _____ Date: _____

Signature of Health Department Inspector: _____ Date: _____

Fees Received: \$ _____ Approved: ☐ Rejected: ☐ Tier 1 ☐ Tier 2 ☐

Initials _____

Wastewater disposal site approval verified? ☐ Yes ☐ No

Commissary agreement verified? ☐ Yes ☐ No

For Office Use Only