



Food Truck Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015
 Mailing Address: P.O. Box 618, Farmington, UT 84025
 Email Address: DCEnvHealth@daviscountyutah.gov
 Phone: 801-525-5128, Fax: 801-525-5119

Food Truck Information

Food Truck Name:	License Plate #:
Owner Name:	Owner Phone Number:
Mailing Address:	City/State/Zip:
Email Address:	Operation Schedule:
Type of Application: <input type="checkbox"/> New <input type="checkbox"/> Renewal	

Food Truck Operations

Operation type: Route Based (include map) Event Based Other: _____

Will your business use social media to advertise? Yes No

If yes, list the social media handle(s) that will be used: _____

Commissary Information

Commissary Name:	Phone Number:
Commissary Address:	City/State/Zip:
Commissary Owner:	Email Address:

Conditions of Permit

*A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. **I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.***

Applicant Signature: _____ Name (Print): _____ Date: _____

Modified Risk Assessment (Office Use Only)

1. Does the establishment prepare, store, or serve any raw meat?	<input type="checkbox"/> Yes ⇨	Risk 2
	<input type="checkbox"/> No	Proceed to 2
2. Does the establishment prepare, store, or serve 3 or more TCS foods?	<input type="checkbox"/> Yes ⇨	Risk 2
	<input type="checkbox"/> No	Risk 1

Permit Approval (Office Use Only)

Food Truck – New	Food Truck – Renewal
<input type="checkbox"/> Commissary Agreement <input type="checkbox"/> Operation Schedule	<input type="checkbox"/> Menu Review
<input type="checkbox"/> Commissary Approval <input type="checkbox"/> Plan/Site Review	<input type="checkbox"/> Commissary Agreement Review
<input type="checkbox"/> Risk Assessment & Menu <input type="checkbox"/> Pre-Opening Inspection	<input type="checkbox"/> Operation Schedule

Permit Review Approval (Office Use Only)

<input type="checkbox"/> Permit Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____
<input type="checkbox"/> Plan/Site Review Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____

