

APPLICATION FOR FOOD SERVICE PERMIT

Wasatch County Health Department
55 South 500 East, Heber City, Utah 84032
435-657-3264

Name of Establishment _____ Date _____

Address _____ City _____ State _____ Zip _____ Phone _____

Mailing Address (if different than above) _____ City _____ State _____ Zip _____

Name of Owner/Operator _____

Address _____ City _____ State _____ Zip _____ Phone _____

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

1. Prior to operation the business authorized by said permit, the premises shall be inspected by the Wasatch County Health Department.
2. All business and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances and regulations.
3. 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, termination, or non-renewal of said permit.

Signature of Applicant _____ Email _____ Date _____

Office Use Only			
Date Permitted _____	Permit Number _____	Fee \$ _____	
Health Department Representative _____		Fee Paid <input type="checkbox"/>	