



**APPLICATION FOR TEMPORARY FOOD PERMIT**

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

Date \_\_\_\_\_ 20\_\_

Event \_\_\_\_\_ Date(s) of Event \_\_\_\_\_

Location of Event \_\_\_\_\_ Hours of Operation \_\_\_\_\_ to \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Person in Charge \_\_\_\_\_ Phone \_\_\_\_\_

List foods to be served: \_\_\_\_\_

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, terminations, or non-renewal of said permit.

Signature of Applicant \_\_\_\_\_ Person in Charge \_\_\_\_\_

Both the Wasatch County and the cities included in the county require all vendors operating within their limits to have a current business license.

Heber City  
435-657-7899

Midway City  
435-654-3223 x105

Wasatch County Auditor/Clerk  
435-657-3190

**Office Use Only**

Date Permitted \_\_\_\_\_ Permit Number \_\_\_\_\_

Health Department Representative \_\_\_\_\_ Fee \$ \_\_\_\_\_

Fee Paid  Application Received