



477 23rd STREET, OGDEN, UTAH 84401
TELEPHONE: (801) 399-7160
FAX: (801) 399-7168

APPLICATION FOR SECONDARY MOBILE FOOD PERMIT

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S CITY: _____ OWNER'S ZIPCODE: _____

OWNER'S EMAIL ADDRESS: _____ PHONE #: _____

BUSINESS NAME: _____ LICENSE PLATE #: _____

PRIMARY PERMIT JURISDICTION: _____ EXPIRATION DATE: _____

BUSINESS ADDRESS: _____ CITY: _____ ZIP CODE: _____

BUSINESS PHONE: _____ BUSINESS EMAIL: _____

MAILING ADDRESS (*if different from above*): _____

List any events or venues in which you intend to operate in Weber-Morgan Counties:

Name of event or venue	Address

I understand that a representative of the Weber-Morgan Health Department must perform periodic inspections in order to maintain this permit. This permit may be suspended or revoked for non-compliance with the Weber-Morgan Food Service Sanitation Regulations. I also understand that revocation of the Primary Mobile permit will automatically revoke this Secondary permit and that I may not operate without a valid permit.

APPLICANT SIGNATURE: _____ DATE: _____