

WEBER-MORGAN HEALTH DEPARTMENT  
477 23<sup>rd</sup> STREET, OGDEN, UTAH 84401  
TELEPHONE: (801) 399-7160  
FAX: (801) 399-7168

**APPLICATION FOR PERMIT TO OPERATE A MOBILE FOOD ESTABLISHMENT**

MOBILE TYPE \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ PERSON IN CHARGE \_\_\_\_\_

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**REGISTERED FOOD SAFETY MANAGER:**

NAME: \_\_\_\_\_ REGISTRATION EXPIRATION DATE: \_\_\_\_\_

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COMMISSARY NAME/ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LICENSE PLATE # ON MOBILE \_\_\_\_\_

FIRE DEPARTMENT INSPECTION \_\_\_\_\_

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**MAILING ADDRESS WHERE YOU WISH TO RECEIVE CORRESPONDENCE AND INVOICES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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I understand that a representative of the Weber-Morgan District Health Department must perform periodic inspections in order to maintain this permit, and that this permit may be suspended or revoked for non-compliance with the Weber-Morgan District Food Service Sanitation Regulations.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

~ OFFICE USE ONLY ~

**Yearly Fees:** PRIMARY PERMIT: TIER 1 \$200 – Two or Fewer Low-Risk TCS Foods  
TIER 2 \$350 – More Than Two TCS Foods  
SECONDARY PERMIT: \$100

Plan Review Fee Paid: \_\_\_\_\_ Establishment Fee Paid: \_\_\_\_\_