



Working for Healthy Communities

COUNTY OFFICES

JUAB 623-0696  
 EAST MILLARD 743-5723  
 WEST MILLARD 864-3612  
 PIUTE 577-2521  
 NORTH SANPETE 462-2449  
 SOUTH SANPETE 835-2231  
 SEVIER 896-5451  
 WAYNE 836-1317

## Temporary Food Vendor Registration

Business Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Booth Name (If different Than Business Name) \_\_\_\_\_

Person In Charge Of Food Safety \_\_\_\_\_ Phone # \_\_\_\_\_

<b>NAME OF EVENT</b>								
<b>LOCATION</b>	<b>Address:</b>			<b>City:</b>				
<b>EVENT COORDINATOR</b>	<b>Name:</b>			<b>Daytime Phone #:</b>				
<b>DATES →</b>  <b>&amp;</b>  <b>TIMES →</b>  <b>Hours Food Will Be Served/Sold</b>	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____
	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____
	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	
Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	Date: _____ ____/____/____	
Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	Time: _____ ____To____	

- How will the food booth be covered? (e.g. portable awning) \_\_\_\_\_
- How will time/temperature control for safety foods be kept while in service? (e.g. cooler with ice, steam table) \_\_\_\_\_  
\_\_\_\_\_
- What protective barrier will be between food and customers? (e.g. table, sneeze guard, distance) \_\_\_\_\_
- How will utensils be supplied to customers? (e.g. individual packets) \_\_\_\_\_
- How will dishes/utensils be washed, rinsed, & sanitized? (e.g. portable sink, wash tubs) \_\_\_\_\_
- How will workers wash their hands? \_\_\_\_\_

**ALL WORKERS HANDLING FOOD ARE REQUIRED TO HAVE A CURRENT FOOD HANDLERS PERMIT**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
 Environmental Health Scientist