



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 # _____

NAME OF EVENT								
LOCATION	Address:			City:				
EVENT COORDINATOR	Name:			Daytime Phone #:				
DATES & TIMES → Hours Food Will Be Served/Sold	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: _____ ____/____/____	
	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