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**Temporary Food Service Establishment Application for Seasonal Events**

Event Name: \_\_\_\_\_ Booth Name: \_\_\_\_\_

Event Location: \_\_\_\_\_ Dates of Operation: \_\_\_\_\_

Daily Operation Hours: \_\_\_\_\_ Email: \_\_\_\_\_

Person In Charge of Booth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Event Coordinator: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

***Applications will not be processed without applicable fee.***

**Temporary Food Service Permit for Seasonal Events**  
**\$50.00**  
***PLEASE REMIT FEE WITH APPLICATION***  
Summit County Health Department  
PO Box 128  
Coalville, UT 84017

**Food Service Guidelines**

**Temperature Control**

Metal stem thermometers are required in all food booths with potentially hazardous foods (ex. meats, cheese, milk, chicken, and fish). These foods must be held below 41°F.

How will you provide temperature control in the booth? \_\_\_\_\_

\_\_\_\_\_

List menu items: \_\_\_\_\_

\_\_\_\_\_

**Handwashing Must Be Provided in the Booth**

A container to provide warm running water for hand washing must be available. Example: insulated thermos with hot water and a spigot for a nozzle. Soap (pump type liquid is recommended), paper towels and a bucket to catch waste water must be provided.

**Sanitizer Must Be Provided and Used in the Booth**

A separate bucket of sanitizer must be available for rinsing and storing wiping cloths. Wiping cloths are to be used for sanitizing any food contact surfaces such as cutting boards. Proper concentrations are 1 teaspoon household bleach to 1 gallon of cool water.

**Dishwashing-Equipment Washing Facilities**

Dishwashing facilities must contain a three-compartment sink or commercial dishwasher.

How far from the booth are the dishwashing facilities? \_\_\_\_\_

Describe the facilities: \_\_\_\_\_

**Wastewater Disposal**

Describe the facilities: \_\_\_\_\_

**Garbage Disposal**

Describe the facilities: \_\_\_\_\_

**Personnel for the Booth**

All employees are required to have a valid food handler permit.

The undersigned hereby applies for a permit to operate a Temporary Food Service Establishment Permit pursuant to the Summit County Public Health Department Food Code. I have read and understand all temporary food booth information.

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

\_\_\_\_\_  
Date