

Date ____/____/20____

Utah County Health Department
151 S University Ave. Suite 2600
Provo, Utah 84601
APPLICATION FOR FOOD HANDLERS PERMIT

Last Name _____ First Name _____ Phone # (____) _____

Address _____ City _____ Zip _____

Date of Birth ____/____/____ Age ____ yrs. Sex Male Female

I hereby make application for a Food Handlers Permit to be issued in accordance with the regulations adopted by the Utah County Health Department.

Signature of Applicant:

****A \$15.00 fee shall accompany this application****