



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 Fax (435) 277-2444
www.tooelehealth.org

APPLICATION FOR FOOD SAFETY MANAGER CERTIFICATION

Name: _____

Address: _____

(P.O Box)

Phone Number: _____ Email Address: _____

Place of Employment: _____ Date of Birth: _____

Have you ever had: Typhoid fever _____ Hepatitis _____ Tuberculosis _____

******READ AND SIGN******

I agree to abide by all local ordinances and laws of the State of Utah governing the service of food and beverage and I understand that failure to do so may result in revocation of my Food Safety Manager Certification.

Signed: _____ Date: _____

Name of Food Service Manager Exam: _____

Date of Exam: _____

A Tooele County Health Department certificate will be issued to the applicant after the following items are received and approved:

Application

Copy of Certificate

\$20.00 Fee

(Payable to Tooele County Health Department)

OFFICE USE ONLY

Receipt Number: _____ Fee Paid: _____

Permit Number: _____ Date: _____

Permit Expires: _____ E.H Specialist: _____