



Service Provider Agreement

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Phone: 801-525-5128, Fax: 801-525-5119

Establishment Information

Establishment Name:	License Plate Number:
Owner Name:	Owner Phone Number:
Email Address:	
<input type="checkbox"/> Food Truck	<input type="checkbox"/> Limited-Use Food Est.
<input type="checkbox"/> Temporary Food Est.	<input type="checkbox"/> Flavored Ice Est.

I agree to report to the commissary facility listed below each day; and as necessary, for cleaning and servicing. I understand that failure to use the commissary for the indicated service operations and failure to immediately report any change in the commissary arrangements to the Davis County Environmental Health Division may result in the suspension of the food establishment's permit to operate.

Signature: _____ Title: _____ Date: _____

Service Provider Information

Facility Name:	Phone Number:
Facility Address:	City/State/Zip:
Owner Name:	Owner Phone Number:

Applicable Services

<input type="checkbox"/> Overnight parking	<input type="checkbox"/> Solid waste disposal/Dumpster access
<input type="checkbox"/> Supply of potable water	<input type="checkbox"/> Dedicated power supply/Power outlet access
<input type="checkbox"/> Disposal of wastewater	<input type="checkbox"/> Facilities for cleaning the food establishment

I agree to provide the indicated services to the food establishment listed above. I understand that this agreement must be updated and resubmitted annually and that any changes to these arrangements must be reported to the Davis County Environmental Health Services Division.

Signature: _____ Title: _____ Date: _____

Health Department Approval (Office Use Only)

This facility must meet the following criteria to be approved for use as a service provider:

- Located in Davis County
- Facility is permitted as a Food Service Establishment
- Capacity to provide the indicated services

EHS Signature: _____ Date: _____