



Service Provider Agreement

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

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

Email Address: DCEnvHealth@daviscountyutah.gov

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

Establishment Information

Establishment Name:

License Plate Number:

Owner Name:

Owner Phone Number:

Email Address:

Food Truck Limited-Use Food Est. Temporary Food Est. Flavored Ice Est.

I agree to report to the service provider facility listed below each day, or as approved by the Department, for cleaning and/or services. I understand that failure to use the service provider for the indicated service and failure to immediately report any change in the service provider arrangements to the Davis County Health Department may result in the suspension of my food establishment's permit to operate. I understand that this agreement must be updated annually or prior to changing service providers.

Signature: _____ Title: _____ Date: _____

Service Provider Information

Facility Name:

Phone Number:

Facility Address:

City/State/Zip:

Owner Name:

Owner Phone Number:

Applicable Services

Overnight parking Solid waste disposal/dumpster access
 Supply of potable water Facilities for cleaning mobile food establishment
 Disposal of waste water Dedicated power supply/power outlet access

I agree to provide the indicated services to the food establishment listed above.

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:

Approved Frequency: _____

- Information has been verified
- Capacity to provide the indicated services

Approval Signature: _____ Date: _____