

APPLICATION FOR FOOD HANDLER CARD

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Phone Number \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

|                                      |  |
|--------------------------------------|--|
| <b>FOOD HANDLER CARD FEES:</b>       | PERMIT NO: _____   |
| New: \$20.00 <b><i>CASH ONLY</i></b> | Payment Received By: _____   |
| Renewal: \$15.00                     | Payment Date: _____  |
| Duplicate: \$ 5.00                   | Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/> |
|                                      | _____  |