



APPLICATION FOR CHILD CARE FOOD SERVICE INSPECTION

TOOELE COUNTY HEALTH DEPARTMENT
151 NORTH MAIN STREET
TOOELE, UTAH 84074
Phone (435) 277-2440 · Fax (435) 277-2444

Cost of inspection: \$50.00

PLEASE PRINT:

Name of Care Provider _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Type of Inspection Requesting:

Licensed Family

Licensed Family Group

Registered Certificate

Signature of Applicant

Date

Inspection by appointment only. Please allow up to 5 (five) business days for completion of inspection.

OFFICE USE ONLY

Receipt Number: _____ Date: _____

E.H. Scientist: _____