



# MOBILE VENDING ROUTE

Bureau of Food Protection  
788 E. Woodoak Lane  
Murray, UT 84107

Business Name \_\_\_\_\_

Business Owner \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_

Commissary Name \_\_\_\_\_

Commissary Address \_\_\_\_\_

In the table below indicate the location, approximate time in and approximate time out for ALL vending sites. If you have only one vending site, please indicate the address and the hours of operation.

Vending Site Name & Address	Time In	Time Out
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

I agree to immediately notify the Bureau of Food Protection of any vending route change.

Signed \_\_\_\_\_  
Business Owner

\_\_\_\_\_ Date