



Temporary Food Establishment Permit Application

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:	Owner Name:
Mailing Address:	City/State/Zip:
Email Address:	Phone Number:

Commissary Information

Commissary Name:	Commissary Owner:
Commissary Address:	City/State/Zip:
Permitting Health Dept.:	Commissary Phone Number:

Single Event Information (Annual TFE Permits: List additional events on the back of this form)

Name of Event:	Date(s) of Event:
Event Organizer:	Event Organizer Phone:
Event Location:	Event Hours:

Plan Review (Select One)		Permit (Select One)	
<input type="checkbox"/> Prior Plan Review (current year)	\$ 0	<input type="checkbox"/> Single Event – Risk 1	\$ 30
<input type="checkbox"/> Standard Plan Review	\$ 20	<input type="checkbox"/> Single Event – Risk 2	\$ 40
<input type="checkbox"/> Late Plan Review (submitted <2 days prior to event)	\$ 40	<input type="checkbox"/> Annual – Risk 1	\$ 105
<input type="checkbox"/> Site Review (permitted on-site)	\$ 50	<input type="checkbox"/> Annual – Risk 2	\$ 140
Plan Review Total	\$	Permit Total	\$
		Total Payment Due	\$

Payment Information (Office Use Only)

Date Paid: _____ Amount Paid: _____ Receipt # _____
 Permit No. _____ Plan Review No. _____ Office Initials: _____

Notes

Temporary Food Establishment Event List

- Please list the Davis County public events you plan to operate at with this permit.
- If you decide to add events later, please resubmit this page with the new events listed.
- You are required to notify the Davis County Health Department of additional events at least 72 hours in advance.

Event Information

Name of Event:	Date(s) of Event:
Event Organizer:	Event Organizer Phone:
Event Location:	Event Hours:

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