



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:	Phone Number:
Physical Address:	City/State/Zip:
Email Address:	Hours of Operation:
<input type="checkbox"/> New Facility <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion	

Invoice Information

Name:	
Billing Address:	City/State/Zip:

Owner/Corporation Information

Owner Name:	Owner Phone Number:
Owner/Corporation Address:	City/State/Zip:
Owner Email Address:	Corporation Name:
Local Contact Name:	Local Contact Phone/Email:

Contractor Information (if applicable)

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

Conditions of Permit

*Requested permit will be issued only after a satisfactory pre-opening inspection has been conducted and the required permit fee has been received. Operating a food service establishment prior to permit issuance, other than an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Food Service Sanitation Rules and Regulations. This permit is revocable for non-compliance. **I agree to comply with all laws governing food service in Davis County.***

Applicant Signature: _____ Applicant Name (Print): _____

Permit Approval (Office Use Only)

<input type="checkbox"/> Plans (No Electronic)	<input type="checkbox"/> Application	<input type="checkbox"/> Risk Assessment	<input type="checkbox"/> Menu
<input type="checkbox"/> Permit Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____
<input type="checkbox"/> Plan/Site Review Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____