



# Microenterprise Home Kitchen Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015  
Mailing Address: P.O. Box 618, Farmington, UT 84025  
Email Address: [DCEnvHealth@daviscountyutah.gov](mailto:DCEnvHealth@daviscountyutah.gov)  
Phone: 801-525-5128; Fax: 801-525-5119

## Establishment Information

Establishment Name:	Phone Number:
Physical Address:	City/State/Zip:
Email Address:	Hours of Operation:
Type of Application: <input type="checkbox"/> New Facility <input type="checkbox"/> Permit Renewal	

## 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:

## Conditions of Permit

- Permit is non-transferable
- Permit is renewable on an annual basis
- Permit is restricted to the location and hours listed on the permit
- The operator shall provide the consumer with a notification that while a permit has been issued by the local health department, the kitchen may not meet all of the requirements of a commercial retail food establishment.

*A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. **I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.***

Applicant Signature: \_\_\_\_\_ Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

## Permit Approval (Office Use Only)

<input type="checkbox"/> Application	<input type="checkbox"/> Standard Operating Procedures
<input type="checkbox"/> Permit Fee	Date Paid: _____ Amount Paid: \$ _____ Receipt # _____



Cooking equipment to be used:

Where will cooking be done:     Outside                       Inside

All food preparation and storage must take place at the permitted site. Food shall be obtained from an approved source. Please indicated where the food supply will be obtained.

How will food be protected during storage and service:

Plan for maintaining time/temperature control for safety food at the appropriate temperatures (hot/cold equipment, etc.):

**Cold Holding :**

**Hot Holding :**

Will food be obtained by the consumer or delivered? If food is delivered, please discuss how time/temperature control for safety food will be maintained at the appropriate temperature during transport.

Procedures, methods, and schedules for cleaning utensils and equipment (all utensils and equipment must be washed, rinsed, and sanitized before use):

Sanitizer is required to clean food contact/ food preparation surfaces. Test strips must be available for the sanitizer being used to ensure appropriate concentrations (chlorine bleach = 50-100 ppm and quaternary ammonium = 150-400 ppm – follow manufacturer’s recommendations). Identify which sanitizer will be used.

- Chlorine Bleach       Quaternary Ammonium       Wipes (EPA registered, approved for food contact surfaces)

Procedures and methods for disposal of refuse:

Water source available (public water system, well, etc.):

Method to notify consumers kitchen does not meet the requirements of commercial retail food establishment:

Employee illness policy:

Procedure for cleanup of vomit and diarrheal events: