

Flavored Ice Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015

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Establishment Information	
Establishment Name:	Phone Number:
Physical Address:	City/State/Zip:
Email Address:	Hours of Operation:
Type of Application: ☐ New Facility ☐ Per	mit Renewal
Invoice Information	
Name:	
Billing Address:	City/State/Zip:
Mailing 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	
 A Flavored Ice Establishment is issued a Permit to Operate that is valid between April 1st and Oct 31st for a single location. The permit must be renewed annually. Food items allowed include: ice; flavored syrups; single-service containers of ice cream; packaged cream, milk, half-and-half; pressurized whipped cream; and sweetened condensed milk. All dairy items must be stored at or below 41° F. All waste water must be discharged to the sanitary sewer system. Permit fees are not refundable and permits are not transferrable. 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 (F	Print): Date:
Permit Approval (Office Use Only)	
☐ Application ☐ Menu	Scheduled Start Date:
☐ Permit Fee Date Paid: Amou	unt Paid: \$ Receipt #
☐ Plan/Site Review Fee Date Paid: Amou	ınt Paid: \$ Receipt #

Food Preparation and Storage		
All food preparation and storage must take place at the approved establishment or at an approved commissary.		
Will food items be prepared off site? Yes No If yes, specify location: Where will food be purchased? Where will food items, ice, potable water be obtained?		
What dairy products will be offered at your establishment? □ Ice Cream □ Sweetened Condensed Milk □ N/A □ Other (specify): Where will flavored syrups and ice be prepared? Will other food items be served? □ Yes □ No If yes, specify:		
All food must be stored at least six (6) inches off of the floor.		
Cleaning / Sanitizing		
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 = 100 ppm and quaternary ammonia = 150-400 ppm – follow manufacturer's recommendations). Identify which sanitizer will be used at the establishment:		
☐ Chlorine Bleach ☐ Quaternary Ammonia ☐ Other (specify):		
Cold Holding Equipment		
Identify methods that will be used to maintain cold holding temperatures:		
□ Mechanical Refrigeration/ Freezer □ Ice Chest		
□ Cold Table □ Other (specify):		
A thermometer is needed in each refrigeration unit. Outdoor storage equipment must be secure.		
Sink Requirements		
HANDWASH SETUP		
A permanent hand wash sink is required in all Flavored Ice Establishments. The establishment must have hot and cold running water during all hours of operation.		
Operating without a fully equipped handwash sink may result in the suspension of the establishments operating permit. A fully equipped handwash sink requires: • Hand soap • Paper towels • Ten (10) gallon minimum clean water tank • Waste water tank minimum 15% larger than clean water tank DISHWASHING SETUP A permanent three-compartment sink for washing syrup bottles, scoops, and other equipment is required in all Flavored Ice Establishments. Compartments must be large enough to accommodate all equipment to be cleaned and sanitized using this method.		

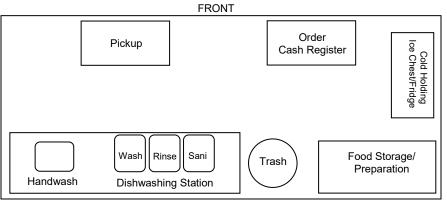
Personnel	
EMPLOYEE HEALTH	
Do you have an employee health policy which requires employees to notify management if they are exhibiting any of the reportable symptoms? Employees should notify management if they are exhibiting any of the following symptoms: Sore throat WITH a fever Jaundice (yellowing of the eyes/skin) Vomiting Diarrhea Open wounds, sores or lesions on the hands or arms Is there a plan for cleaning up of vomit if an employee were to get sick while at work? PYes No FOOD HANDLER PERMITS	
Copies of food handler permits for all employees must be kept on file at the establishment and must be made available upon request during an inspection.	
Equipment/Utensil Storage	
 All eating and drinking utensils given to the public must be disposable. All utensils and equipment must be washed, rinsed, and sanitized before use, after potential contamination, and at least every 4 hours. 	
Single-use utensils must be handled and stored to prevent contamination.	
All cups, utensils, and equipment must be stored at least six (6) inches off of the floor.	
Waste Disposal	
WASTE WATER	
Where will waste water be disposed?	
SOLID WASTE	
Where will solid waste be disposed?	
Physical Facilities	
FLOORS, WALLS, & CEILINGS	
All surfaces must be smooth, non-absorbent, easy to clean, and in good repair. Flooring material: Wall material: Ceiling material:	
FOOD EQUIPMENT	
All food equipment must be maintained in good repair (no corrosion, cracks, chips, etc.)	
INSECT CONTROL All outer openings of the establishment must be protected from the intrusion of insects.	
LIGHTING	
All lights must be shielded or shatter-resistant.	
EMPLOYEE PERSONAL ITEMS Where will employee personal items be stored during operation?	

Flavored Ice Establishment Sketch

In the following space, provide a drawing of your proposed establishment. Draw and label all equipment, food preparation tables, food storage, dishwashing, and handwashing. See example at the bottom of this page.



Example:



REAR