



# Limited Use Food Establishment 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:	License Plate #:
Owner Name:	Owner Phone Number:
Mailing Address:	City/State/Zip:
Email Address:	Operation Schedule:

## Commissary Information

Commissary Name:	Phone Number:
Commissary Address:	City/State/Zip:
Commissary Owner:	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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Modified Risk Assessment (Office Use Only)

1. Does the establishment prepare, store, or serve any raw meat?	<input type="checkbox"/> Yes    ⇨    Risk 2
	<input type="checkbox"/> No            Proceed to 2
2. Does the establishment prepare, store, or serve 3 or more TCS foods?	<input type="checkbox"/> Yes    ⇨    Risk 2
	<input type="checkbox"/> No            Risk 1

## Permit Approval (Office Use Only)

Limited Use - New		Limited Use - Renewal	
<input type="checkbox"/> Commissary Agreement	<input type="checkbox"/> Operation Schedule	<input type="checkbox"/> Menu Review	
<input type="checkbox"/> Commissary Approval	<input type="checkbox"/> Plan/Site Review	<input type="checkbox"/> Commissary Agreement Review	
<input type="checkbox"/> Risk Assessment & Menu	<input type="checkbox"/> Pre-Opening Inspection	<input type="checkbox"/> Operation Schedule	

## Plan Review Approval (Office Use Only)

<input type="checkbox"/> Permit Fee	Date Paid: _____	Receipt # _____	Amount Paid: \$ _____
<input type="checkbox"/> Plan/Site Review Fee	Date Paid: _____	Receipt # _____	Amount Paid: \$ _____