



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

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 <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Remodel	

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:

Contractor Information (if applicable)

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

Conditions of Permit

*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"/> 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 # _____
<input type="checkbox"/> Follow-Up Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____
<input type="checkbox"/> Change of Owner Fee	Date Paid: _____	Amount Paid: \$ _____	Receipt # _____