

Temporary Food Establishment Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015
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Establishment Information Establishment Name: Owner Name: Mailing Address: City/State/Zip: **Email Address:** Phone Number: Type of Application: ☐ Initial Permit □ Permit Renewal **Commissary Information** (Complete section if any food is prepared off-site) Commissary Name: Commissary Owner: Commissary Address: City/State/Zip: Permitting Health Dept.: Commissary Phone Number: **Single Event Information** (Annual Permits: List additional events on the back of this form) Name of Event: Date(s) of Event: **Event Organizer: Event Organizer Phone: Event Location: Event Hours: Permit Information** (Office Use Only) Receipt # _____ Date Paid: Amount Paid: Plan Review No. Office Initials: Permit No. Plan Review (Select One) Permit (Select One) Prior Plan Review (current year) \$0 Single Event – Risk 1 \$ 30 Standard Plan Review \$ 20 Single Event – Risk 2 \$ 40 Late Plan Review (submitted <2 days \$ 40 Annual - Risk 1 \$ 105 prior to event) Site Review (permitted on-site) \$ 50 Annual – Risk 2 \$ 140 Plan Review Total \$ Permit Total \$ **Total Payment Due** Notes

Temporary Food Establishment Event List

- Please list the Davis County public events you plan to operate at with this permit.
- If you decide to add events later, please resubmit this page with the new events listed.
- You are required to notify the Davis County Health Department of additional events at least 72 hours in advance.

Event Information	
Name of Event:	Date(s) of Event:
Event Organizer:	Event Organizer Phone:
Event Location:	Event Hours:
Name of Event:	Date(s) of Event:
Event Organizer:	Event Organizer Phone:
Event Location:	Event Hours:
Name of Event:	Date(s) of Event:
Event Organizer:	Event Organizer Phone:
Event Location:	Event Hours:
Name of Event:	Date(s) of Event:
Event Organizer:	Event Organizer Phone:
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