

# Application for Child Care Food Program Health/Sanitation Inspection

Environmental Health Services Division  
Davis County Health Department  
99 South Main Street  
P.O. Box 618  
Farmington, UT 84025-0618  
(801) 451-3296 (801) 444-2300 ext. 3296  
TDD: (801) 451-3228 Fax: (801) 451-3122

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Apartment Complex or Mobile Home Park Name \_\_\_\_\_

Expiration Date \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

Sponsors Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Remit \$55.00 for the Home Day Care license exempt inspection fee.  
Remit \$40.00 for the Home Day Care Food Service fee.  
Make checks payable to Davis County Health Department and mail to the above address

Upon receipt of payment and the completed application, a representative of the Division will contact you to schedule an appointment for an inspection. At the termination of the inspection you will receive a copy of the inspection report form. An "Approved" inspection form is to be submitted by you to the sponsor as verification of a health inspection.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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