

# Food Service Health Permit Application

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

Establishment's Name

Establishment's Phone #

Establishment's Street Address

City

State

Zip Code

Days/Hours Of Operation: \_\_\_\_\_

## Invoice Address

Name

Street/P.O. Box

City

State

Zip Code

## Mailing Address

Name

Street/P.O. Box

City

State

Zip Code

## Owner Information

Corporation Name

Name

Phone #

Street/P.O. Box

City

State

Zip Code

Individual

Partnership

L.L.C.

Corporation

## Property Owner

Name

Phone

Street/P.O. Box

City

State

Zip Code

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.

Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Type of Establishment \_\_\_\_\_ Classification \_\_\_\_\_ Seating \_\_\_\_\_ Bays \_\_\_\_\_ Sq. Footage \_\_\_\_\_

Estab. Codes \_\_\_\_\_ Inspec. Freq. \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_

Date Paid \_\_\_\_\_  Plan Review Receipt No. \_\_\_\_\_ Amount Paid \_\_\_\_\_

Date Paid \_\_\_\_\_  Permit Fee Receipt No. \_\_\_\_\_ Amount Paid \_\_\_\_\_