

Food Service Health Permit Application
Environmental Health Services Division, Davis County Health Department
22 South State Street
Clearfield, UT 84015
801-525-5100, TDD 451-3288
Fax: 801- 525-5119

Please fill in the information below. Contractors should use owner's information

Establishment's Name: _____

Establishment's Phone #: _____ E-Mail Address: _____

Establishment's Street Address: _____

City: _____ Zip Code: _____ Days and hours of operation: _____

Invoice Information

Name: _____

Address/P.O.Box: _____ City: _____

State: _____ Zip Code: _____

Mailing Information

Name: _____

Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Owner or Corporation Information

Name: _____

Name : _____

Phone #: _____ Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Individual Partnership L.L.C. Corporation

Property Information

Name: _____

Phone #: _____ Address/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. **I agree to comply with all laws governing food service in Davis County.**

Signature of Applicant: _____ Date: _____ Title: _____

Do not write below this line for office use only

Plan Review Date Paid _____ Receipt # _____ Amount Paid _____

Permit Fee Date Paid _____ Receipt # _____ Amount Paid _____