



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:
<input type="checkbox"/> New Facility <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion	

Invoice 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

*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.***

Applicant Signature: _____ Applicant Name (Print): _____

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 # _____

	Risk Assessment		Food Service & Facilities Bureau 22 South State Street, Clearfield UT 84015 Phone: 801-525-5128 Fax: 801-525-5119	
	Establishment:		Date:	
Address:		City:		

Food Property Risk: Check those TCS items listed below which are prepared at the establishment.			
	Raw meats (beef, pork, lamb)		Beans (refried, baked), cooked rice, cooked pasta
	Raw fish (fillets, sushi, ceviche)		Potato salad, pasta salad, other similar prepared salads
	Raw poultry (chicken, turkey)		Soup, sauces, gravy, dressings
	Raw comminuted meats (ground beef, gyro, sausage, gefilte fish)		Vegetables cooked for hot/cold holding (including potatoes, fries, cooked salsa, tofu)
	Raw shelled or unpasteurized eggs		Garlic and oil mixture combined in-house
	Raw shellfish or crustacean (lobster, shrimp, clams, oysters, mussels, etc.)		Dairy (milk, cheese, custard, cream dessert, ice cream)
	Game birds or animals (duck, pheasant, elk, venison, etc.)		Green salads, seed sprouts, melon, cut tomatoes, fresh salsa, cut leafy greens (lettuce, spinach, etc.)
	Stuffed fish, stuffed meat, stuffed pasta, stuffed poultry, stuffed ratites, or stuffing containing fish, meat, poultry, or ratites		Pre-cooked animal products (cold cuts, pre-cooked chicken or beef, canned fish, hot dogs, salami, pastrami, pepperoni, crab, etc.)
	Raw liver, tongue, heart, tripe (menudo)		TOTAL NUMBER OF ITEMS CHECKED (A)

Food Operation Risk: Check those processes that occur at the facility for Potentially Hazardous Foods		
	4	Cold holding/storage
	4	Cooling hot food
	4	Parasite destruction/record keeping (for sushi, sashimi, ceviche)
	4	Cooking of raw animal products (grill, bake, fry)
	4	Hot holding
	4	Buffet service
	4	Time as a public health control (in lieu of temperature control)
	4	Processes where HACCP or written plan required (partial cooking, reduced oxygen packaging, PH modified rice)
	3	Lapse of 24 hours or more between preparation and service
	3	Contact with raw meats
	3	Transportation / delivery / catering
	3	Highly susceptible population served exclusively
	2	Reheating for hot holding
	1	Re-use of customers plates, cups, utensils requiring washing, rinsing , sanitizing
	1	Thawing
	1	Produce washing
	TOTAL POINT VALUE OF ITEMS CHECKED (B)	

Population Risk: Average daily volume of customers served by the establishment.

