

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT

477 23rd STREET, OGDEN, UTAH 84401

TELEPHONE: (801) 399-7160

FAX: (801) 399-7170

APPLICATION FOR PERMIT TO OPERATE A CATERING FOOD SERVICE

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE #: _____ MANAGER: _____

TYPE OF BUSINESS: _____

(I.E., FULL SERVICE/FAST FOOD/ETC.)

CATERING SERVICE INFORMATION:

DO YOU HAVE A COMMISSARY YES NO

DO YOU HAVE AN APPROVED KITCHEN YES NO

DO YOU HAVE A FOOD SERVICE ESTABLISHMENT PERMIT FROM ANOTHER HEALTH DISTRICT? YES NO

IF YES, WHICH DISTRICT? _____

DO YOU HAVE A VALID FOOD HANDLER PERMIT YES NO

WHAT WILL YOUR METHOD BE TO CONTROL THE TEMPERATURE DURING TRANSIT AND HOLDING TIME: _____

What are the most likely foods you intend to serve: _____

MAILING ADDRESS WHERE YOU WISH TO RECEIVE CORRESPONDENCE AND INVOICES

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I understand that a representative of the Weber-Morgan District Health Department must perform periodic inspections in order to maintain this permit, and that this permit may be suspended or revoked for non-compliance with the Weber-Morgan District Food Service Sanitation Regulations.

SIGNATURE: _____ DATE: _____

FEES: RISK CAT 1: \$84, CAT 2: \$168, CAT 3: \$252, CAT 4: \$337 PER YEAR---FEE PAID: _____