

Weber-Morgan Health Dept.
477 23rd St. Ogden, UT 84401
Phone (801)399-7160, Fax: 801-399-7168

Application for a Shaved Ice Stand Permit
Semi-permanent location (not for temporary events)

Permit fees are not refundable. Permits are non-transferable.

Have you ever operated a shaved ice stand in Weber or Morgan County before? Yes No

Does the shaved ice stand have a separate staging area? Yes No

Is this a new or remodeled shaved ice stand? Yes No

A plan review may be necessary.

The fee is \$150 for stands serving only ice and flavored syrups (Risk 1)

The fee is \$225 for stands that are additionally serving ice cream, shelf stable dairy products or non-dairy creamer (Risk 2)

Fee Due: _____

Fee Paid: _____

Risk Level: _____

Shaved Ice Stand Name: _____

Semi-permanent location: _____

Semi-permanent address: _____

Days and Hours of Operation: _____

Toilet Agreement attached: Yes No **A completed toilet agreement form is required.**

Permit Holder's (Applicant's) Name: _____

Mailing Address: _____

_____ Phone: _____

Shaved Ice Stand employees have current food handler cards: Yes No

Anyone who works in the shaved ice stand must have a current food handler card.

Names of person(s) who will be working in the shaved ice stand: _____

The shaved ice stand permit and food handler cards must be available at all times for inspection.

1. Ingredients offered in a shaved ice stand must be from an approved source (this includes ice) and be commercially prepared. Items prepared in a private home or unlicensed kitchen are not approved. On the following list, please check all of the ingredients that will be offered to the consumer from the shaved ice stand.

- ___ Ice (commercially prepared)
- ___ Flavoring syrups (must be non-TCS and commercially prepared concentrates)
- ___ Toppings: chopped nuts/chopped candy (must be commercially prepared, ready-to-serve and non-TCS)
- ___ Dairy products (must be commercially prepackaged, individual servings, ultra-pasteurized/shelf-stable)
- ___ Ice cream (must be commercially prepared and prepackaged, individual servings)
- ___ Soda pop, candy, popcorn, nuts (must be commercially prepackaged and sold in original container)

2. Ice cream storage requires an additional freezer in the shaved ice stand, separate from the ice storage freezer. Does the shaved ice stand have an additional freezer for ice cream? Yes No

Ice creams are only allowed as commercially pre-packaged and individual servings. Hand scooping ice cream from a bulk container is not approved. Explain how the ice cream will be placed into the consumer's shaved ice: _____

3. A hand washing sink with hot and cold running water under pressure and separate from the 3-compartment sink is required. Does the shaved ice stand have a hand washing sink with hot and cold running water under pressure in addition to a 3-compartment sink? Yes No

4. Food Protection:

- **Ingredients must be properly covered and protected when not in use to protect from insects, dust and other forms of contamination.**
- **Single service (cups, utensils, etc.) must be stored at least 6 inches off the ground and be covered to avoid contamination.**
- **Food items must be stored at least 6 inches off the ground.**
- **Toxic chemicals must be stored away from food and single service items.**

5. All food preparation surfaces must be sanitized prior to food preparation and during operation as needed to prevent cross contamination. How will food preparation and service surfaces be sanitized? _____

6. Washing of equipment and utensils must be done in a four step process:

Step #1, wash in hot soapy water

Step #2, rinse in hot water

Step #3, sanitize with an approved sanitizer (use a sanitizer check strip for proper concentration)

Step #4, then allow dishes to air dry - do not towel dry dishes

Describe the number, location and set up of utensil washing facilities to be used: _____

7. Water must be from an approved source. Connecting to an approved water system must be made through a food-grade hose. A garden hose is NOT acceptable. Where will potable water for hand washing, utensil washing and other activities be obtained? _____

8. Wastewater must be collected and disposed of in a sanitary sewer, it cannot be disposed of on the ground or in storm drains/gutters. Where will you dispose of wastewater? _____

9. Solid waste must be disposed of properly. How will you dispose of your garbage? _____

10. Health and Hygiene

- **Only authorized food workers may be in the shaved ice stand.** During operation, people unnecessary to the stand are not permitted to be in the stand; including babies, animals and others not involved in food preparation or service.
- **Only healthy workers shall prepare and serve food.** Workers displaying signs of illness or open wounds or sores shall not be in the food preparation or service area(s).
- **Workers must wear clean clothes and shoes.**
- **Workers must have proper hair restraints.** All stand attendants (unless completely bald) must wear hair restraints consisting of hats, hairnets, scarves or other means of head coverage. Persons with long hair must also confine hair by pulling it back off of the shoulders.
- **Smoking, eating or drinking in the stand while working is not allowed.**

11. The following conditions will warrant immediate closure of the shaved ice stand:

- **Lack of a current permit**
- **Lack of hot and cold running water under pressure**
- **Lack of equipment or capacity to hold foods at required temperatures**
- **Critical violations and/or imminent health hazards**

I (the applicant) understand that my shaved ice stand is subject to immediate closure if any of the above conditions exist while operating the stand. Permits are not transferable to another individual, business or location. Permit fees are not refundable. I understand that a permit issued by the Department must be posted during the operation of the business in order to be valid. I (the applicant) agree that all food handlers (partners, employees, volunteers and other persons associated with the stand) shall comply with these and other items deemed necessary by the Department or Department representative.

Signature: _____, Date: _____

For Department Use Only

Approval: _____ Date: _____

Permit Restrictions: _____

Comments: _____

Pre-opening inspection date: _____

Conducted by: _____

Routine inspection date(s): _____

Conducted by: _____