

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT  
477 23<sup>rd</sup> STREET, OGDEN, UTAH 84401  
TELEPHONE: (801) 399-7160  
FAX: (801) 399-7170

**APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT**

BUSINESS NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ MANAGER: \_\_\_\_\_

---

**WEBER-MORGAN HEALTH DEPARTMENT – REGISTERED FOOD SAFETY MANAGER:**

NAME: \_\_\_\_\_ REGISTRATION EXPIRATION DATE: \_\_\_\_\_

---

PRIMARY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ SEATING CAPACITY: \_\_\_\_\_  
(I.E., FULL SERVICE/FAST FOOD/ETC.)

DAYS/HOURS OF OPERATION: \_\_\_\_\_  YEAR AROUND OR  SEASONAL

IF YOU OPERATE A MOBILE FOOD SERVICE LIST NAME/ADDRESS OF COMMISSARY: \_\_\_\_\_

---

OWNER'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: CITY/STATE/ZIPCODE: \_\_\_\_\_

---

**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: \_\_\_\_\_

~ OFFICE USE ONLY ~

**Yearly Fees: Risk Category 1: \$200, Category 2: \$400, Category 3: \$575, Category 4: \$735**

Plan Review Submitted: \_\_\_\_\_ Plan Review Fee Paid : \_\_\_\_\_ Establishment Fee Paid/Amount: \_\_\_\_\_

Pre-opening Inspection Completed: \_\_\_\_\_ Risk Category Sheet Completed: \_\_\_\_\_

Need Food Safety Manager: \_\_\_\_\_ Have Food Safety Manager: \_\_\_\_\_ Month opened: \_\_\_\_\_

Previous Establishment Name: \_\_\_\_\_

Initials of WMHD employee who took \$: \_\_\_\_\_