

WEBER-MORGAN HEALTH DEPARTMENT  
477 23<sup>rd</sup> STREET, OGDEN, UTAH 84401  
TELEPHONE: (801) 399-7160  
FAX: (801) 399-7168

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

Mobile, type: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

**FOR MOBILES:**  A FIRE DEPARTMENT INSPECTION HAS BEEN DONE.

LIST THE NAME/ADDRESS OF THE COMMISSARY: \_\_\_\_\_

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**MAILING ADDRESS WHERE YOU WISH TO RECEIVE CORRESPONDENCE AND INVOICES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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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: \$84, Category 2: \$168, Category 3: \$252, Category 4: \$337**

Plan Review Submitted: \_\_\_\_\_ Plan Review Fee Paid (\$132): \_\_\_\_\_ Establishment Fee Paid/Amount: \_\_\_\_\_

Month opened: \_\_\_\_\_ Previous Establishment Name: \_\_\_\_\_