

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

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

Plan Review Submitted: _____ Plan Review Fee Paid (\$132): _____ 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 \$: _____