

APPLICATION TO OPERATE A FOOD SERVICE ESTABLISHMENT

*Please submit plans and specifications prior to any construction, remodeling or alterations.
 Show kitchen layout, plumbing details, and construction materials for all work areas.
 Also show size, location and type of food preparation and storage equipment.*

Date: _____

Name of Food Service Establishment: _____ Phone: () - _____
(this name will appear on the license)

Physical Address: _____
City State Zip

Mailing Address: _____
 Same as Physical Address Use Business Owner Address City State Zip

E-mail Address: _____

Seating Capacity of Establishment: _____

Approximate Number of Employees*: _____

***ALL EMPLOYEES ARE REQUIRED TO HAVE A FOOD HANDLERS PERMIT.
 PLEASE VISIT WWW.SWUHEALTH.ORG FOR COURSE INFORMATION.**

Name of Certified Food Safety Manager: _____ Certification Issue date: _____

Attach documentation of current certification

Note: the State of Utah recognizes certification for three (3) years from the date of issue.

Owner Type: Corporation Individual Legal Owner Owner Operator Partnership

Name of Business Owner: _____ Phone: () - _____
(NAME OF CORPORATION, LLC, PARTNERSHIP, OR INDIVIDUAL)

Business Owner Address: _____
City State Zip

Principal Contact Person: _____

A HEALTH INSPECTION OF YOUR FOOD SERVICE ESTABLISHMENT IS REQUIRED PRIOR TO OPENING. PLEASE CONTACT THE SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT TO SCHEDULE YOUR PRE-OPENING INSPECTION.

Will the facility perform any specialized processes?

- Smoking food for preservation Curing food Reduced Oxygen Packaging Additives for preservation (vinegar, etc.)
 Custom processing animals Molluscan shellfish display Sprouting seeds or beans Other (please specify)

Signature of Applicant: _____ Date: _____



Signature of Health Department Inspector: _____ Date: _____

Approved: Rejected:

Fees Received \$ _____
Initials

For Office Use Only