SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT
PREVENT • PROMOTE • PROTECT

620 S 400 E #400, St. George, UT 84770 435-986-2580
260 E. D.L. SARGENT DR, CEDAR CITY, UT 84721 435-586-2437
445 N MAIN ST, KANAB, UT 84741 435-644-2537
PO BOX 374, 609 N MAIN, PANGUITCH, UT 84791 435-676-8800
PO BOX G, 75 W 1175 N BEAVER, UT 84713 435-438-2482

Food Establishment Application

Check One: ☐ New Facility ☐ Remodel of Existing Facility ☐ Change of Ownership

Establishment Name: _____

Establishment Address: _____
City Zip

Ownership Type: ☐ Individual ☐ Corporation ☐ Owner Operator ☐ Legal Owner ☐ Partnership

Owner Name: _____ Owner Phone: ( ) _____ - _____

Owner Email: _____

Mailing Address: _____
City Zip

Contact Person: _____ Contact Phone: ( ) _____ - _____

Contact Email: _____

Certified Food Safety Manager: _____ Certification Date: _____ / _____ / _____

For New Construction and Remodels

Architect/Designer _____

Estimated Date for Construction / Remodel Completion: _____ / _____ / _____

Plans will not be accepted or reviewed unless all items listed below are submitted with application:

- Proposed Menu, listing all foods served
- Completed Risk & Operational Assessments
- Site Plan (Including Dumpster Area)
- Dimensional Floor Plan (scaled drawing)
- Equipment Layout and Schedules
- Mechanical Schedule
- Finish Schedule (Floors, Walls, Ceiling, Coving)
- Plumbing Schedule

Fee Schedule:

Fees are based on risk level. A risk assessment must be completed prior to submitting plans.

	Risk Category			
	1	**2**	**3**	**4**
Plan Review Fee*	**$250.00**	**$250.00**	**$500.00**	**$500.00**
Annual Establishment Fee	**$140.00**	**$260.00**	**$370.00**	**$480.00**

**The plan review fee includes up to 2 construction inspections/consultations and 1 pre-opening inspection. Additional follow-up inspections may generate a fee of $90.00 each.*

Signature of Applicant: _____ Date: _____

HEALTH DEPARTMENT USE ONLY

Date Plans Received: _____ / _____ / _____

Approval Date: / / Signature: _____

Plan Review Fees Received: $ _____ Initials: _____

Annual Permit Fees Received: $ _____ Initials: _____