



SUMMIT COUNTY HEALTH DEPARTMENT

Food Establishment Plan Review Application

DO NOT EMAIL PLANS OR APPLICATION

You will need to make an appointment with Amy Jones to submit plans. 435-333-1511

Establishment Info

Applicant/Contact Info

Name: _____ Applicant's Name: _____

Address: _____ Phone#: _____

Owner's Name: _____ Email: _____

Owner's Email: _____ Company: _____

Who should plan review questions and approvals be sent to? Owner Applicant

Physical Address of Facility: _____

Number of Seats _____ You will need to provide a menu. The health department will determine your risk category.

New Remodel or Addition Change of Ownership

_____ Risk Category 1 (No food service or service of non hazardous foods: bars, coffee shops, etc.)	\$130.00
_____ Risk Category 2 (Low risk foods: delis, fast food, catering, food truck, etc.)	\$265.00
_____ Risk Category 3 (High risk foods: full service restaurant, HACCP plan, etc.)	\$400.00
_____ Remodel (Billed at completion of review, payment must be received prior to approval)	\$65.00/hr

Establishment Type (check all that apply)		
Bar <input type="checkbox"/>	Deli <input type="checkbox"/>	Mobile Unit- cart/truck <input type="checkbox"/>
Caterer <input type="checkbox"/>	Fast Food <input type="checkbox"/>	Restaurant <input type="checkbox"/>
Commissary <input type="checkbox"/>	Grocery Deli <input type="checkbox"/>	Snow Cone Stand <input type="checkbox"/>
Convenience Store <input type="checkbox"/>	Long Term Care/Assisted Living <input type="checkbox"/>	Other: specify <input type="checkbox"/>

This fee does not include fees for annual permit fee.

Establishment Operation Details							
Days of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours of Operation							

Will any of the foods on the menu be cooked and cooled before service? Yes No

If so, what foods and how often? _____

Please describe the method of cooling (be specific): _____

Is the water source public or private ?

COALVILLE OFFICE
85 North 50 East, PO Box 128
Coalville, UT 84017
435-336-3222
Fax: 435-336-3286

PARK CITY OFFICE
650 Round Valley Drive
Park City, UT 84060
435-333-1500
Fax: 435-333-1580

KAMAS OFFICE
110 North Main
Kamas, UT 84036
435-783-3161
Fax: 435-783-6021

If public, what is the name of the water company? _____

If private, has the well been approved by the Utah Department of Environmental Quality? Yes No

Is the sewage disposal public or private ?

If private, is the system approved by the Summit County Health Department? Yes No

Does this establishment share building space with another business? Yes No

If so describe the business and relationship: _____

Are restrooms shared with another business? Yes No

If so describe the business and relationship: _____

Will any of the following processes be conducted?

Reduced Oxygen Packaging? Yes No

Vacuum Packaging? Yes No

Foods pickled or acidified before service? Yes No

Foods smoked or cured onsite? Yes No

Custom processing of raw meat in the establishment? Yes No

Live molluscan shellfish tank? Yes No

Sprouting seeds or beans in the establishment? Yes No

If the answer was "Yes" to any of the above questions, please explain in detail the foods and process involved: _____

Please allow 2 weeks from the time all required documents have been submitted for the review to be completed.

I certify that the above information is correct. I understand that any changes to the plans must be approved by the Summit County Health Department.

Print Name of Applicant

Signature of Applicant

Date

Print Name of Health Dept Representative

Signature of Health Dept Representative

Date