



151 S University Ave, Suite 2600
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Division of Environmental Health

APPLICATION FOR KITCHEN/FACILITY INSPECTION
(Aplicación para inspección de cocina)

A \$85 Fee for inspection must accompany this application.

- Type of Program**
- State Licensed – Daycare 4 – 16 occupants
 - Group Home with 4 - 16 occupants
 - Licensed Exempt – Family Daycare

Name of Applicant: _____
(Nombre del solicitante)

Name of Business: _____
(Nombre del negocio)

Business Street Address: _____
(Direccion commercial)

City: _____ **Zip Code:** _____ **Phone/Cell Phone:** _____
(Ciudad) *(Telefono)*

Email: _____

For office use only (solamente para la oficina)

Referred to: _____
(Health Department Inspector)

Permit Number: _____ **Date of Inspection:** ____/____/____

Amount Paid \$ _____
Payment Date _____
 Cash Check Credit/Debit
