

WEBER-MORGAN DISTRICT HEALTH DEPARTMENT
Environmental Health
477 23rd Street, Ogden, UT 84401
Telephone: 399-7160

APPLICATION FOR CHILD CARE FOOD PROGRAM
HEALTH/SANITATION INSPECTION

Please Print:

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone Number: _____

I am caring for ____ (number) of relatives (includes nieces, nephews, grandchildren).

I am caring for ____ (total number) of children.

Signature Date

PROGRAM: CONTACT PERSON: _____

____ INCA - 393-0222 Fax: 393-0223

____ CHILD MANAGEMENT ASSOCIATES - 1-800-223-3317 (SLC) Fax: 973-8945

Remit **\$49.00 fee** for inspection. Make checks payable to Weber-Morgan District Health Department.

MAIL OR DELIVER TO: Weber-Morgan District Health Department
477 23rd Street
Ogden, Utah 84401

Upon receipt of application and payment, a sanitarian will contact you and conduct an inspection. A "Letter of Approval" will be mailed to you after a satisfactory inspection report is filed at this Department.

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FOR OFFICE COMPLETION:

DATE RECEIVED: _____

FEE PAID: _____