

**Section 1: Application Type**

New Permit  
Ownership Change  
Information Change

Anticipated Opening or Activity Date or Date of Change

**Section 2: Contact Person**

Name

Email

Primary Phone

Title

**Section 3: Establishment/Business Information**

Business Name or DBA

Business Phone

Physical Address

Suite

City

ZIP Code

Billing Address

Attn:

City

State

ZIP Code

**Section 4: Business Legal Owner Information**

Legal Entity Name Type: Corporation LLC Individual UT Dept. of Commerce Entity #

Address

City

State

ZIP Code

Email

Primary Phone

**Section 5: Permit Type** (check all that apply)

<p>HD Use Only</p> <p><input type="checkbox"/> Body Art (Tattoo/Piercing)*</p> <p><input type="checkbox"/> Cosmetology*</p> <p><input type="checkbox"/> Food Service, Childcare</p> <p><input type="checkbox"/> Food Service, Mobile*</p> <p><input type="checkbox"/> Food Service, Permanent*</p> <p><input type="checkbox"/> Food Service, Temporary*</p> <p><input type="checkbox"/> Lodging, Public (Hotel/Motel)*</p>	<p>HD Use Only</p> <p><input type="checkbox"/> Massage*</p> <p><input type="checkbox"/> Mass Gathering*</p> <p><input type="checkbox"/> Meth Decontamination*</p> <p><input type="checkbox"/> Noise, Temporary*</p> <p><input type="checkbox"/> Scrap Metal/Auto Recycling*</p> <p><input type="checkbox"/> Septic/Onsite Wastewater*</p> <p><input type="checkbox"/> Swimming Pool/Spa*</p>	<p>HD Use Only</p> <p><input type="checkbox"/> Tanning*</p> <p><input type="checkbox"/> Tire Hauler</p> <p><input type="checkbox"/> Vehicle Emissions Station</p> <p><input type="checkbox"/> Waste Hauler, Infectious</p> <p><input type="checkbox"/> Waste Hauler, Liquid</p> <p><input type="checkbox"/> Waste Hauler, Solid</p> <p><input type="checkbox"/> Waste Processing*</p> <p align="right">*Requires plan review.</p>
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Upon acceptance of a permit, the permit holder shall:

1. Comply with all provisions of the Salt Lake County Health Department (SLCoHD).
2. Immediately contact the SLCoHD to report any changes in the information listed on this application.
3. Immediately notify the SLCoHD as soon as the business intends to change ownership or close.
4. Pay all applicable fees established by the Salt Lake County Health Department in the required time frame.

**I am aware that this application does not authorize conducting a business until final approval is given by this agency and all applicable state and municipal agencies including business licensing.** A person shall not operate a regulated facility, business, or establishment without a valid permit issued by the Salt Lake County Health Department. **Application fees are nonrefundable and permits are not transferable to another individual, business, or location.** To open and/or operate a business without final approval is a Class B misdemeanor and punishable by law. Violations of the above conditions of permit may result in follow-up inspection fees, permit suspension, or permit revocation. Failure to notify the SLCoHD regarding changes in the above information will result in penalties. Payment of these penalties in the required time frame is the responsibility of the business owner/agent.

**Section 6: Business Hours:**

<u>Days of Operation</u>	<u>Hours of Operation</u>	<u>Days of Operation</u>	<u>Hours of Operation</u>
Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

**Section 7: Business Information:**

**Body Art:**

Number of stations/booths: \_\_\_\_\_

Permanent cosmetics: \_\_\_\_\_ Piercing: \_\_\_\_\_ Tattoo: \_\_\_\_\_

**Cosmetology:**

Number of stations/booths: \_\_\_\_\_

Hair: \_\_\_\_\_ Nails: \_\_\_\_\_ Esthetics: \_\_\_\_\_

Check if applicable:

Mobile                      In-home

**Massage**

Number of tables: \_\_\_\_\_

Check if applicable:

Mobile                      In-home

**Lodging:**

Number of public lodging rooms: \_\_\_\_\_

**Tanning:**

Number of beds: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, have read and agree to the  
*print name* *title*  
above conditions of permit. I also declare that all information contained on this application is true and complete.

\_\_\_\_\_  
Owner/Principal Signature

\_\_\_\_\_  
Date

*Must be using [Adobe Reader](#)  
to submit via button.*

**For payment:** Call **385-468-3835** to provide credit card information (Visa/MasterCard only)

Or print and send check or money order to: Salt Lake County Health Department  
Environmental Health Division  
788 East Woodoak Lane (5380 South)  
Murray, Utah 84107

**HEALTH DEPARTMENT USE ONLY**

Approved by: \_\_\_\_\_  
Licensed Environmental Health Scientist                      Date