

**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)

HD Use  
Only

Body Art (Tattoo/Piercing)\*

Cosmetology\*

Food Service, Childcare

Food Service, Mobile\*

Food Service, Permanent\*

Food Service, Temporary\*

Lodging, Public (Hotel/Motel)\*

HD Use  
Only

Massage\*

Mass Gathering\*

Meth Decontamination\*

Noise, Temporary\*

Scrap Metal/Auto Recycling\*

Septic/Onsite Wastewater\*

Swimming Pool/Spa\*

HD Use  
Only

Tanning\*

Tire Hauler

Vehicle Emissions Station

Waste Hauler, Infectious

Waste Hauler, Liquid

Waste Hauler, Solid

Waste Processing\*

*\*Requires plan review.*

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: Certified Food Safety Manager:**

*At least one full-time certified food safety manager is required at every\* food service establishment and mobile food unit.*

Manager 1: \_\_\_\_\_ Manager 2: \_\_\_\_\_

*\*Risk Level 1 establishments are exempt from the certified food safety manager requirement.*

**Section 8: Mobile Food Service (if applicable):**

| _____   | Type of Unit:      | Truck            | Trailer | Indoor Cart | Outdoor Cart |
|---|--------------------|------------------|---------|-------------|--------------|
| License Plate                                   |                    |                  |         |             |              |
| Commissary Name                                 | Commissary Address | Commissary Phone |         |             |              |
| List all cities in which you intend to operate: |                    |                  |         |             |              |
| _____   |                    |                  |         |             |              |
| _____   |                    |                  |         |             |              |

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 sign and submit via button.

**For payment:** Call **385-468-3845** 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**

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