Permit Application

Environmental Health Division
788 East Woodoak Lane; Murray, UT 84107
385-468-3860

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

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

_____ _____ _____ _____
Address City State ZIP Code

_____ _____
Email Primary Phone

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

HD Use Only		HD Use Only		HD Use Only	
____	☐ Body Art (Tattoo/Piercing)*	____	☐ Massage*	____	☐ Tanning*
____	☐ Cosmetology*	____	☐ Mass Gathering*	____	☐ Tire Hauler
____	☐ Food Service, Childcare	____	☐ Meth Decontamination*	____	☐ Vehicle Emissions Station
____	☐ Food Service, Mobile*	____	☐ Noise, Temporary*	____	☐ Waste Hauler, Infectious
____	☐ Food Service, Permanent*	____	☐ Scrap Metal/Auto Recycling*	____	☐ Waste Hauler, Liquid
____	☐ Food Service, Temporary*	____	☐ Septic/Onsite Wastewater*	____	☐ Waste Hauler, Solid
____	☐ Lodging, Public (Hotel/Motel)*	____	☐ Swimming Pool/Spa*	____	☐ 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.

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Sanitation and Safety Bureau
Environmental Health Division
385-468-3835; HealthSan@SaltLakeCounty.gov

Section 6: Business Hours:

Days of Operation	Hours of Operation	Days of Operation	Hours of Operation
☐ 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.

Submit

Must be using Adobe Reader to submit via button.

_____ _____
Owner/Principal Signature Date

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

Or print and send check or money order to:

Print

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