Permit Application

Environmental Health Division
788 East Woodoak Lane; Murray, UT 84107
Phone: 385-468-3860; Fax: 385-468-3861

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 the apply)*

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

**May require 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.

SALT LAKE COUNTY HEALTH DEPARTMENT

Permit Application

Tobacco Retailer
Environmental Health Division
385-468-3860; HealthTobacco@slco.org

Utah State Tax Commission tobacco license #: _____
Include a copy of the license with this application

Section 6: Retailer Type:

*Choose **ONE** type of permit for your tobacco retail location.*

☐ **General Tobacco Retailer**
Requires renewal every two years

Sells a variety of products besides tobacco products*. To be permitted as a General Tobacco Retailer, the business identified in this application **MAY NOT** at any time:

1) Have any self-service display of tobacco products; or
2) Have 20% or more of the total public retail floor space allocated to the offer, display, or storage of tobacco products; or
3) Have 20% or more of the total shelf space allocated to the offer, display, or storage of tobacco products; or
4) Have 35% or more of total quarterly gross receipts from the sale of tobacco products.

☐ **Retail Tobacco Specialty Business**
Requires renewal annually and initial application requires plan review for an additional fee

Specializes in the sale of tobacco products*. Total quarterly gross receipts, public retail floor space, or total shelf space dedicated to tobacco product sales or the offer, display, or storage of tobacco products exceeds those outlined for a general tobacco retailer; or the business has a self-service display of tobacco products.

To be permitted as a Retail Tobacco Specialty Business, the business identified in this application may not at any time be within:

1) 1,000 feet of a community location**; or
2) 600 feet of another retail tobacco specialty business; or
3) 600 feet of property used or zoned for agricultural or residential use.

*Tobacco products include any cigar, cigarette, electronic cigarette, chewing tobacco, or any substitute for a tobacco product, including flavoring or additives to tobacco, and tobacco paraphernalia. Please refer to UCA 26B-7-501, UCA 59-14-102, UCA 76-9-1101, and UCA 76-9-1105 for specific definitions of tobacco products.
**Community location includes any: public or private K-12 school, licensed child-care or preschool, trade or technical school, church, public library, public playground, public park, youth center or other place used primarily for youth-oriented activities, public recreational facility, public arcade, or homeless shelter; refer to UCA 26B-7-501, UCA 10-8-41.6, and UCA 17-50-333 for specific definitions of community locations.

Section 7: Owner Information:

List ALL owners, operators, directors, officers, partners, or other individuals with any financial interest in the business:

If any of the above individuals have been determined to have violated or have been involved in any way with a business that has been determined to have violated any state or federal tobacco law in the past 2 year, list all violations, including date and location:

SALT LAKE COUNTY HEALTH DEPARTMENT

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385-468-3860; HealthTobacco@slco.org

Section 8: Attachments:

☐ Copy of Utah State Tax Commission tobacco license certificate

☐ **Retail tobacco specialty applicants only:** Map of the proposed business location showing any community locations, retail tobacco specialty businesses, or agricultural or residential properties within the distances outlined in section 6 of this application. Distances should be measured in a straight line from the nearest entrance of the business to the nearest property boundary.

The permit application fee is $30. Retail tobacco specialty applicants must also undergo plan review for an additional $250 fee.

Applications will not be processed until SLCoHD receives payment. It is the responsibility of the applicant to verify zoning and proximity restrictions. Fees cannot be refunded if it is later determined that the identified location does not meet zoning or proximity requirements.

I, _____, _____, have read and agree to the
owner/principal name *title*
above conditions of permit. I certify that the information provided is true and accurate to the best of my understanding. I understand that any incorrect information may result in the suspension or revocation of the health department's tobacco permit. I further understand, and my signature binds all proprietors listed on this application, that if any of these requirements for a retail tobacco business is violated, this permit may be suspended or revoked and that that the health department may recommend to the business licensing entity that the business license be suspended or revoked. Any such action will be reported to the Utah State Tax Commission. I also declare that all information contained on this application is true and complete.

_____ _____
Owner/Principal Signature Date

Submit

Must be using Adobe Reader to sign and submit via button.

For payment: Call **385-468-3860** 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

Print

HEALTH DEPARTMENT USE ONLY

Approved by: _____ _____
Employee Signature Date