

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)

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