

**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><small>HD Use Only</small></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><input type="checkbox"/> Massage*</p>	<p><small>HD Use Only</small></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><input type="checkbox"/> Tanning*</p> <p><input type="checkbox"/> Tire Hauler</p>	<p><small>HD Use Only</small></p> <p><input type="checkbox"/> Tobacco Retailer*</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"><i>*May require plan review</i></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.

**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; or
- 5) Sell flavored electronic cigarette products or substances (other than "tobacco" flavor).

**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; or the business sells flavored electronic cigarette products or substances.

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\*\*;
- 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 59-14-102, UCA 76-10-101, and UCA 76-10-104.1 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.

**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:

**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 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

*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

**HEALTH DEPARTMENT USE ONLY**

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date