

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



# Permit Application

Air Quality Bureau

Environmental Health Division

Phone: 385-468-3837; Fax: 385-468-3844; HealthAir@slco.org

### Section 6: Vehicle Emissions Station Information:

Station Name _____		Permit Number _____	
Station Type:	Public	Fleet only (>25 vehicles) <i>(Attach description of vehicles and # to be inspected.)</i>	
Inspection Type <i>(check all that apply):</i>	OBD	OBD/TSI	Heavy Duty Diesel

### Statement of Understanding and Agreement

Upon acceptance of the permit, the permit holder agrees to:

1. Read and comply with all rules and regulations pertaining to the Vehicle Emissions Program.
2. Provide a current owner/principal email contact address.
3. Maintain all official emissions inspection equipment and perform calibration checks and maintenance as required.
4. Immediately notify the Salt Lake County Health Department's Vehicle Emissions Technical Center whenever the official emissions testing equipment is incapable of performing a fair and accurate test.
5. Immediately notify the Salt Lake County Health Department whenever I (we) cannot comply with all aspects of the Vehicle Emissions Program.
6. Ensure that all Emissions Station documentation is complete and accurate.
7. Ensure that all vehicles are inspected according to required policies and procedures.
8. Ensure that no part of the inspection is performed by unqualified or noncertified personnel.
9. Ensure the air pollution control information, where possible, is delivered and discussed with the motorist.
10. Issue Certificate of Compliance only after the vehicle meets all requirements of the law.
11. Inform owners/operators of failed vehicles what actions must be taken in order to obtain a Certificate of Compliance.
12. Ensure that no vehicle repairs are performed by your station without authorization from the vehicle owner and that any repairs and adjustments are in accordance with manufacturer specifications and procedures.
13. Correct all infractions or errors as soon as possible.

Further, I understand that violations of the rules and regulations governing the Vehicle Emissions Program, Technical Bulletins, and other official policies and procedures of the Salt Lake County Health Department, whether committed by the owner or a technician, may lead to the suspension or /revocation of the Vehicle Emissions Station permit privileges.

I, \_\_\_\_\_, \_\_\_\_\_, have read and agree to the 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 **385-468-3837** 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: \_\_\_\_\_

Air Quality Staff

Date \_\_\_\_\_