

- Incomplete applications will not be accepted.
- Each temporary cosmetology facility requires its own permit.
- **Fees are not refundable, and permits are not transferable.**
- Applications will not be processed until payment has been received.
- Upon acceptance of a permit, the permit holder shall comply with all applicable provisions of [Salt Lake County Health Regulation #20: Cosmetology Facilities](#).

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Business/Organization Name                      Operator/Applicant Name                      Operator DOPL License Number

\_\_\_\_\_  
Mailing Address                                              City                                              State                                              ZIP

\_\_\_\_\_  
Phone Number at Event                      Alternate Phone Number                      Email

\_\_\_\_\_  
Event Name                                              Event Location Name

\_\_\_\_\_  
Event Location Street Address                      Event Date(s)                                              Setup Start and Stop Times

**Services offered at event:**                      Hair                                              Nails                                              Esthetics

**Equipment and instruments:**                      Disinfected at event                                              Disinfected off-site

**1. If using reusable equipment, how will you clean and disinfect the equipment?**

**2. Solid waste will be disposed by:**                                              Event Organizer                                              Cosmetologist

**3. Handwashing station will be provided by:**                                              Event Organizer                                              Cosmetologist

*If using [temporary handwashing stations](#), a wastewater disposal site must be available.*

I have read and agree to the above conditions of permit and declare that all information provided is true and complete.

\_\_\_\_\_  
Applicant Signature                                              Date

*Must be using [Adobe Reader](#)  
to sign and submit via button.*

**For payment, call 385-468-3835**  
to provide credit card information  
(Visa/MasterCard only) or print  
and send check or money order to:  
SLCoHD  
788 East Woodoak Lane  
Murray, Utah 84107

**HEALTH DEPARTMENT USE ONLY**

\_\_\_\_\_  
Approved by:                      \_\_\_\_\_  
Est. #                                              LEHS                                              Date