

Temporary Massage Therapy Establishment Permit Application

Sanitation & Safety Bureau; Environmental Health Division 385-468-3835; HealthSan@slco.org

- Incomplete applications will not be accepted.
- Each temporary massage therapy establishment 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 <u>Salt Lake County Health</u>
 <u>Regulation #18: Massage Facilities.</u>

			Ар	plication Date
Business/Organization Name	Organization Name Operator/Applie		cant Name Operator DOPL License Number	
Mailing Address	City		State	ZIP
Phone Number at Event A	Iternate Phone Number	Email		
Event Name		Event Location Name		
Event Location Street Address Event Date()	Setup Start and Stop Times	
Services offered at event:	Chair massage Table massage		lassage	
equipment and instruments: Disinfected at event			isinfected off-site	
1. If using reusable equipment	· · · · · · · · · · · · · · · · · · ·			
 What type of table or chair covering will you use? Handwashing station will be provided by: 		Reusable linen Event organizer		
If using <u>temporary handwashir</u>		-		0
I have read and agree to the above	e conditions of permit and de	eclare that all inforn	nation provided is tr	ue and complete.
Applicant Signature	<u>Adobe Reader</u> omit via button.	to provide credit (Visa/MasterCa and send check SLCoHI 788 Eas	or money order to:	
HEALI	TH DEPARTMENT USE ON	LY		

_____ Approved by: _____ Est. # LEHS

Salt Lake County Health Department promotes and protects community and environmental health saltlakehealth.org

Date