

## 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   | · · · · · · · · · · · · · · · · · · ·   |  |  |                  |
| <ol> <li>What type of table or chair covering will you use?</li> <li>Handwashing station will be provided by:</li> </ol> |   | Reusable linen<br>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><br>omit via button. | to provide credit<br>(Visa/MasterCa<br>and send check<br>SLCoHI<br>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