

## **Permit Application**

Environmental Health Division 788 East Woodoak Lane; Murray, UT 84107 385-468-3860; HealthEH@slco.org

Section 1: Application Type  New Permit  Ownership Change  Information Change			Name Email				
Anticipated Opening or Activity Da	te or Date of 0	Change					
	Section 3: I	Establishn	nent/Business I	nformation			
Business Name or DBA			Business Phone				
Physical Address		Suite	City			ZIP Code	
Billing Address	Attn:		City		State	ZIP Code	
Legal Entity Name Address	Type:	Corpor	ration LLC	Individual	UT Dept. of Co	zip Code	
Email	Primary Phone						
	Section 5	5: Permit 1	Type (check all t	hat apply)			
Body Art (Tattoo/Piercing)  Cosmetology*	HD Use Only	Massage Mass Ga		HD Use Only	Tanning* Tire Hauler		
Food Service, Childcare		Meth Decontamination*			Vehicle Emissions Station		
Food Service, Mobile*		_ Noise, Temporary*			_ Waste Hauler, Infectious		
Food Service, Permanent		Scrap Metal/Auto Recycling*			Waste Hauler, Liquid		
Food Service, Temporary*		•	nsite Wastewate	r*	Waste Hauler, Solid		
Lodging, Public (Hotel/Mo	(ei)"	Swimmin	g Pool/Spa*		Waste Proces	ssing^ ires 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.



## **Waste Hauler Permit Application**

Environmental Health Division 788 East Woodoak Lane (5380 South) Phone: 385-468-3860; Fax: 385-468-3861

Section 6: Vehicle Data: List details about each vehicle that hauls waste in Salt Lake County; include additional pages if necessary.									
VIN	Year	Mak	e and Model	License Plate	Waste Type				
Section 7: Required Items:									
Written safety plan Co	rrect insu	rance for	waste type	Vehicle has r	equired signage				
I,	, <u> </u>			, have read	and agree to the				
print name above conditions of permit. I also declare th	at all inform	nation con	<i>title</i> tained on this app	lication is true and cor	mplete.				
Owner/Principal Signature			Date	Must he usin	g <u>Adobe Reader</u>				
					ubmit via button.				
For payment: Call 385-468-3862 to pro	vide credi	t card info	ormation (Visa/M	lasterCard 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 DEPARTME	ENT USE C	NLY							
Approved by:									
Licensed Environmental Health Scientist			Date	J					