



# Permit Application

Salt Lake Valley Health Department  
 Division of Environmental Health  
 788 East Woodoak Lane  
 Murray, Utah 84107

<b>Check One:</b>	<input type="checkbox"/> New Facility	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Address Change	<input type="checkbox"/> Other
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**Facility Information**

**Owner Information**

Business Name _____ Physical Address _____ City _____ State _____ Zip _____ Day Phone ( ) _____ - _____ Ext. _____ Evening Phone ( ) _____ - _____ Ext. _____ Fax # ( ) _____ - _____ Ext. _____ Billing Address _____ Care of _____ City _____ State _____ Zip _____	Type: Sole Ownership ____ Partnership ____ Corp. ____ LLC ____ Home Owner Asso. ____ Other ____ Primary Owner Name _____ D.B.A. _____ Partners _____ _____ Mailing Address _____ Care of _____ City _____ State _____ Zip _____ Day Phone ( ) _____ - _____ Ext. _____ Evening Phone ( ) _____ - _____ Ext. _____ Fax # ( ) _____ - _____ Ext. _____
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**Check each that applies: \* requires a plan review for operations with new or remodeled facilities.**

<input type="checkbox"/> Air Pollution Control (I/M)	<input type="checkbox"/> Massage*	<input type="checkbox"/> Tanning*
<input type="checkbox"/> Cosmetology*	<input type="checkbox"/> Processing Facility	<input type="checkbox"/> Tattoo*
<input type="checkbox"/> Food Service*	<input type="checkbox"/> Public Lodging (Hotel/Motel)*	<input type="checkbox"/> Used Oil (DEQ/LHD Contract)
<input type="checkbox"/> I/M Program	<input type="checkbox"/> Source Protection	<input type="checkbox"/> Waste Hauler
<input type="checkbox"/> Landfill	<input type="checkbox"/> Stationary Air Sources	<input type="checkbox"/> Waste Tire
<input type="checkbox"/> Liquid Waste Hauler	<input type="checkbox"/> Swimming Pools/ Spas*	

**Upon acceptance of a permit the permit holder shall:**

1. Comply with all provisions of the Salt Lake Valley Health Department.
2. Immediately contact the Salt Lake Valley Health Department to report any changes in the facility or owner information listed on this application.
3. Immediately notify the Salt Lake Valley Health Department as soon as the business intends to change ownership or close.
4. Pay any and all applicable fees established by the Salt Lake Valley 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. A person shall not operate a regulated facility, business, or establishment without a valid permit issued by the Salt Lake Valley Health Department. Permits are not transferable to another permittee 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 the suspension or revocation of the health permit. Failure to notify the Salt Lake Valley Health Department regarding changes in the above information will result in penalties. Payment of these penalties in the required time frame are the responsibility of the business owner/agent.

I, \_\_\_\_\_, Title \_\_\_\_\_, have read and agree to the above conditions of permit. I also declare  
 (Please Print)  
 that all information contained on this application is true and complete.

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

Permit approved by: \_\_\_\_\_ Date \_\_\_\_\_

**Swimming Pool/Spa** (Payment and permit application need to be sent together to process permit applications)

