

Section 1: Application Type

New Permit
Ownership Change
Information Change

Anticipated Opening or Activity Date or Date of Change

Section 2: Contact Person

Name

Email

Primary Phone

Title

Section 3: Establishment/Business Information

Business Name or DBA

Business Phone

Physical Address

Suite

City

ZIP Code

Billing Address

Attn:

City

State

ZIP Code

Section 4: Business Legal Owner Information

Legal Entity Name _____ Type: Corporation LLC Individual _____ UT Dept. of Commerce Entity # _____

Address

City

State

ZIP Code

Email

Primary Phone

Section 5: Permit Type (check all the apply)

<p>HD Use Only</p> <p><input type="checkbox"/> Body Art (Tattoo/Piercing)*</p> <p><input type="checkbox"/> Cosmetology*</p> <p><input type="checkbox"/> Food Service, Childcare</p> <p><input type="checkbox"/> Food Service, Mobile*</p> <p><input type="checkbox"/> Food Service, Permanent*</p> <p><input type="checkbox"/> Food Service, Temporary*</p> <p><input type="checkbox"/> Lodging, Public (Hotel/Motel)*</p>	<p>HD Use Only</p> <p><input type="checkbox"/> Massage*</p> <p><input type="checkbox"/> Mass Gathering*</p> <p><input type="checkbox"/> Meth Decontamination*</p> <p><input type="checkbox"/> Noise, Temporary*</p> <p><input type="checkbox"/> Scrap Metal/Auto Recycling*</p> <p><input type="checkbox"/> Septic/Onsite Wastewater*</p> <p><input type="checkbox"/> Swimming Pool/Spa*</p>	<p>HD Use Only</p> <p><input type="checkbox"/> Tanning*</p> <p><input type="checkbox"/> Tire Hauler</p> <p><input type="checkbox"/> Vehicle Emissions Station</p> <p><input type="checkbox"/> Waste Hauler, Infectious</p> <p><input type="checkbox"/> Waste Hauler, Liquid</p> <p><input type="checkbox"/> Waste Hauler, Solid</p> <p><input type="checkbox"/> Waste Processing*</p> <p align="right">*Requires plan review.</p>
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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.

Scrap Metal/Auto Recycler Permit Application

Environmental Health Division

788 East Woodoak Lane (5380 South)

Phone: 385-468-3862; Fax: 385-468-3863

Section 6: Required Items:

(Not required at time of application, but must be submitted before receiving final approval.)

Evidence of ownership or a leasehold interest in the proposed site.

Legal description of the total property area.

Detailed plat map or aerial photographs with the information required by [Health Regulation #8](#), section 4.1.2.

Proposed material management method(s).

Verification of compliance with federal, state, and local laws, rules, ordinances and regulations.

Signed *Notice of Intent* or *Certification of No Exposure*.

If using scales: a copy of the scale's registration by the Utah Department of Agriculture and Food, Weights and Measures program.

If purchasing automobiles: the facility's National Motor Vehicle Title Information System number.

Evidence of planning and zoning approval.

Financial assurance in the amount of \$50,000.

I, _____, _____, have read and agree to the
print name title
above conditions of permit. I also declare that all information contained on this application is true and complete.

Owner/Principal Signature

Date

For payment: Call **385-468-3862** to provide credit card information (Visa/MasterCard 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 DEPARTMENT USE ONLY

Approved by: _____

Licensed Environmental Health Scientist

Date