

Address

Email

Section 1: Application Type

## **Permit Application**

Environmental Health Division 788 East Woodoak Lane; Murray, UT 84107 Phone: 385-468-3860; Fax: 385-468-3861

**Section 2: Contact Person** 

**Business Phone** 

State ZIP Code

## **New Permit** Name Ownership Change Information Change **Email** Title **Business Phone** Anticipated Opening or Activity Date or Date of Change Section 3: Establishment/Business Information **Business Name or DBA Business Phone Physical Address** Suite City ZIP Code ZIP Code Billing Address Attn: City State Section 4: Business Legal Owner Information Type: Corporation LLC Individual Legal Entity Name UT Dept. of Commerce Entity #

## Section 5: Permit Type (check all the apply)

City

Body Art (Tattoo/Piercing)\* Tire Hauler Massage\* Cosmetology\* Mass Gathering, Temporary\* Vehicle Emissions Station Food Service, Childcare Meth Decontamination\* Waste Hauler, Infectious Food Service, Mobile\* Noise, Temporary\* Waste Hauler, Liquid Food Service, Permanent\* Septic/Onsite Wastewater\* Waste Hauler, Solid Food Service, Temporary\* Swimming Pool/Spa\* Waste Processing/Recycling\* Lodging, Public (Hotel/Motel)\* Tanning\*

\*Requires 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.



## **Swimming Pool/Spa Permit Application**

Water Quality Bureau Environmental Health Division Phone: 385-468-3862; Fax: 385-468-3863

	Section 6: Certifie	ed Pool Operator (CPO):		
Name		Phone Number		
		e registered with health department?	Yes	
Certification Expiration Date  If no, completed R with certificate.		RPO application must be submitted	No	
	Section 7:	Bodies of Water:		
<u>Type</u>	Number of Pools	<u>Operating Period</u> <u>Year-Round</u> <u>Summer</u>	od Winter	
Outdoor Pool				
Indoor Pool				
Outdoor Whirlpo	ool			
Indoor Whirlpoo	ol			
Dive Pool				
Wading Pool				
Interactive Wate	er Feature			
l,			ead and agree to the	
above conditions	print name of permit. I also declare that all informati	title on contained on this application is true and	d complete.	
Owner/Principal S	Signature	 Date		
For payment: (	Call <b>385-468-3862</b> to provide credit ca	ard information (Visa/MasterCard only)		
(	Or print and send check or money ord	der to: Salt Lake County Health Depar Environmental Health Division 788 East Woodoak Lane (5380 Murray, Utah 84107		
	HEALTH DEPARTMENT USE ONL	.Υ		
Approved by:				
L	icensed Environmental Health Scientist	Date )		