

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

Business 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

Business Phone

Section 5: Permit Type *(check all that apply)*

- | | | |
|--------------------------------|----------------------------|-----------------------------|
| Body Art (Tattoo/Piercing)* | Massage* | Tire Hauler |
| 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.



Temporary Noise Permit Application

Sanitation and Safety Bureau

Environmental Health Division

Phone: 385-468-3835; Fax: 385-468-3836

Section 6: Noise Project/Event Information:

Project/Event Name

Address of Project/Event

City

Date(s) and Time(s) of Operation

Section 7: On-Site Contact Information:

(If different than permit contact person in Section 2)

Name

Title

Phone Number

Section 8: Project/Event Details:

Site Plan/Maps/Drawing provided: Yes No

Sound Reduction/Mitigation Narrative Procedures provided: Yes No

Scope of Project/Event, including justification (attach additional documents as necessary):

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

print name

title

Owner/Principal Signature

Date

For payment: Call 385-468-3835 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