

Permit Application

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

Section 1: Application Type			Section 2: Contact Person				
	New Permit Ownership Chang	Name Email					
	Information Chan						
Antic	ipated Opening or Activity Date or Da	ate of Change	Primary Phone	e Tit	tle		
\geq	Section	on 3: Establishm	ent/Business Int	formation			
Busir	ness Name or DBA	Business Phone					
Phys	ical Address	Suite	City			ZIP Code	
Billing	g Address A	Attn:	City		State	ZIP Code	
	Sect	ion 4: Business L	egal Owner Info	ormation			
Lega	I Entity Name	ype: Corpora	ation LLC	Individual	UT Dept. of Co	mmerce Entity #	
Address Ci			ty		State	ZIP Code	
Email			Primary Phone				
	Sec	ction 5: Permit Ty	/pe (check all tha	at apply)			
HD Use Only	Body Art (Tattoo/Piercing)*	only Massage*		HD Use Only	Tanning*		
	Cosmetology*	Mass Gathering*			Tire Hauler		
	Food Service, Childcare	ervice, Childcare Meth Decontamination*			Vehicle Emissions Station		
	Food Service, Mobile* Noise, Tem		nporary*		Waste Hauler,	Waste Hauler, Infectious	
Food Service, Permanent*		Scrap Met	Scrap Metal/Auto Recycling*		Waste Hauler,	, Liquid	
Food Service, Temporary* S		Septic/On	Septic/Onsite Wastewater*		Waste Hauler,	, Solid	
	Lodging, Public (Hotel/Motel)* Swimming		Pool/Spa*	Spa* Waste Processing*			

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.

*Requires plan review.

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

	Sec	ction 6: Noise Projec	t/Event Informati	on:
Project/Event Na	nme	Addre	ess of Project/Event	
City		Date(s) and Time(s) o	f Operation	
	<u>s</u>	ection 7: On-Site Co		<u>1:</u>
Name	ame Title		Phone Number	
		Section 8: Project	:/Event Details:	
/ Site Plan/Maps/I	Orawing provided:	Yes	No	
Sound Reduction	n/Mitigation Narrative F	Procedures provided:	Yes	No
Scope of Project	/Event, including justifi	cation (attach additional	documents as nece	essary):
				, have read and agree to the
above conditions	print name	re that all information co	title	ication is true and complete.
above conditions	or permit. I also acola	re that all illiennation of	mained on the appr	iodilon lo trae and complete.
Owner/Principal	Signature		Date	
For payment:	Call 385-468-3835 to	provide credit card ir	nformation (Visa/M	asterCard only)
	Or print and send cho	eck or money order to	Environmental F	lealth Division oak Lane (5380 South)
	HEALTH DEPAR	TMENT USE ONLY		
Approved by:				