

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)

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

*May require 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.

Utah State Tax Commission tobacco license #: _____

Attach a copy of the license to this application

Section 6: Retailer Type:

Choose **ONE** type of permit for your tobacco retail location.

General Tobacco Retailer

Renewal required every two years

Sells a wide variety of products so that the sale of tobacco products* accounts for less than 35% of the total quarterly gross receipts. In addition, less than 20% of the public retail floor space and less than 20% of the total shelf space is allocated to the offer, display, or storage of tobacco products. There is no self-service display for tobacco products.

To be permitted as a General Tobacco Retailer, the business identified in this application may not at any time:

- 1) Have any self-service display of tobacco products; or
- 2) Have 20% or more of the total public retail floor space allocated to the offer, display, or storage of tobacco products; or
- 3) Have 20% or more of the total shelf space allocated to the offer, display, or storage of tobacco products; or
- 4) Have 35% or more of total quarterly gross receipts from the sale of tobacco products.

Retail Tobacco Specialty Business

Renewal required annually

Specializes in the sale of tobacco products*. 35% or more of the total quarterly gross receipts are from the sale of tobacco products; or 20% or more of the public retail floor space is allocated to the offer, display, or storage of tobacco products; or 20% or more of the total shelf space is allocated to the offer, display, or storage of tobacco products; or the retail space features a self-service display for tobacco products.

To be permitted as a Retail Tobacco Specialty Business, the business identified in this application may not at any time be within:

- 1) 1,000 feet of a community location**; or
- 2) 600 feet of another retail tobacco specialty business; or
- 3) 600 feet of property used or zoned for agricultural or residential use.

Retail tobacco specialty businesses require a one-time plan review for an additional fee.

*Tobacco products include any cigar, cigarette, electronic cigarette, chewing tobacco, or any substitute for a tobacco product, including flavoring or additives to tobacco, and tobacco paraphernalia. Please refer to UCA 59-14-102, UCA 76-10-101, and UCA 76-10-104.1 for specific definitions of tobacco products.

**Community location includes any: public or private K-12 school, licensed child-care or preschool, trade or technical school, church, public library, public playground, public park, youth center or other place used primarily for youth-oriented activities, public recreational facility, public arcade, or homeless shelter.

Section 7: Proprietor Information:

List any proprietors of this establishment not listed on page 1 of this application:

If any of the proprietors have been determined to have violated any state or federal tobacco law in the past 24 months, list all violations and dates of each violation:



Permit Application
Tobacco Retailer
Environmental Health Division
Phone: 385-468-3886; Fax: 385-468-3861

Section 8: Attachments:

Copy of Utah State Tax Commission tobacco license

Map of the proposed business location (retail tobacco specialty applicants only)
Must show any community locations, other retail tobacco specialty businesses, or agricultural or residential properties within the distances outlined in section 6 of this application.

Section 9: Permit Fees:

- New permit: \$30.00
Permit renewal: \$20.00
Permit reinstatement: \$30.00
Business plan review: \$250.00 (Required for retail tobacco specialty businesses' first permit)

All required payments must be submitted before application will be processed. It is the responsibility of the applicant to verify zoning and proximity restrictions. Fees cannot be refunded if it is later determined that the identified location does not meet zoning and proximity requirements.

I, _____, _____, have read and agree to the
above conditions of permit. I certify that the information provided is true and accurate to the best of my understanding. I understand that any incorrect information may result in the suspension or revocation of the health department's tobacco permit. I further understand, and my signature binds all proprietors listed on this application, that if any of these requirements for a retail tobacco business is violated, this permit may be suspended or revoked and that that the health department may recommend to the business licensing entity that the business license be suspended or revoked. Any such action will be reported to the Utah State Tax Commission. I also declare that all information contained on this application is true and complete.

Owner/Principal Signature

Date

For payment: Call 385-468-3886 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:

Health Department Employee

Date