

**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)

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

\*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.

**Section 6: Vehicle Data:**

List details about each vehicle that hauls waste in Salt Lake County; include additional pages if necessary.

VIN	Year	Make	Model	License Plate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Section 7: Required Items:**

Written safety plan                      Correct insurance for waste type                      Vehicle has required signage

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.

\_\_\_\_\_  
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