

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 that apply)

HD Use Only

Body Art (Tattoo/Piercing)*

Cosmetology*

Food Service, Childcare

Food Service, Mobile*

Food Service, Permanent*

Food Service, Temporary*

Lodging, Public (Hotel/Motel)*

HD Use Only

Massage*

Mass Gathering*

Meth Decontamination*

Noise, Temporary*

Scrap Metal/Auto Recycling*

Septic/Onsite Wastewater*

Swimming Pool/Spa*

HD Use Only

Tanning*

Tire Hauler

Vehicle Emissions Station

Waste Hauler, Infectious

Waste Hauler, Liquid

Waste Hauler, Solid

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 and Model	License Plate	Waste Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 7: Required Items:

Written safety plan

Correct insurance for waste type

Vehicle has required signage

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

Owner/Principal Signature

Date

*Must be using [Adobe Reader](#)
to sign and submit via button.*

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