

UTAH COUNTY HEALTH DEPARTMENT  
Division of Environmental Health  
(801) 851-7525 (801) 851-7521 Fax

**OFFICE USE ONLY:**

Permit Fee: \$ \_\_\_\_\_

Payment Date: \_\_\_\_\_

Cash  Check  Credit/Debit

Received By: \_\_\_\_\_

Permit #: \_\_\_\_\_

**APPLICATION FOR ANNUAL HEALTH PERMIT**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

Owner Mailing Address: *(if different from above)* \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: *(if different from above)* \_\_\_\_\_

Number of: seats *(food)* \_\_\_\_\_, stations *(body art)* \_\_\_\_\_, or beds *(tanning)* \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

In consideration of granting the said permit, I hereby specifically agree to each of the following conditions and specifically waive all objections thereto:

1. This permit is non-transferable.
2. Prior to operating the business authorized by said permit, the premises shall be inspected by the Utah County Health Department. Renewal permits do not require pre-inspection.
3. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
4. During the term of said permit, I, and my employees will allow Utah County Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may Result in suspension, termination, or non-renewal of said permit.

Print Applicant Name: \_\_\_\_\_

Relationship to Business:  Owner  Manager  Other: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Check Payable to: UCHD**  
Application and Payment to: Utah County Health Department  
Division of Environmental Health  
151 S University Ave, Suite 2600  
Provo, UT 84601