

UTAH COUNTY HEALTH DEPARTMENT
Division of Environmental Health
utahcountyonline.org

Office 801.851.7525 · Fax 801.851.7521
151 S University Ave, Ste 2600, Provo UT 84601

Office 801.851.7332 · Fax 801.851.7338
599 South 500 East, American Fork UT 84003

APPLICATION FOR ANNUAL HEALTH PERMIT

Owner Name: _____

Address: _____ City: _____ ZIP: _____

Email Address: _____ Phone Number: (_____) _____ - _____

Owner Mailing Address: *(if different from above)* _____

Business Name: _____ Business Type: _____

Business Address: _____ City: _____ Zip: _____

Business Phone: (_____) _____ - _____ 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 said permit, I hereby specifically agree to each
of the following conditions and specifically waive all objections thereto:

- This permit is non-transferable.
- 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.
- 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.
- During the term of said permit, I, and my employees will allow Utah County Health Department inspector's 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's Name: _____

Relationship to Business:

Owner Manager Other: _____

Signature of Applicant: _____

Date of Signature: _____

Permit No: _____ Permit Fee: \$ _____

Payment Received By: _____

Payment Date: _____

Cash Check Credit/Debit
