



151 North Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444

APPLICATION FOR BODY ART ESTABLISHMENT PERMIT

Name of Establishment: _____

Establishment Address: _____

Mailing Address of Establishment: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Name and Address of Property Owner: _____

Applicant is: _____ Individual _____ Partnership

If partnership, list name and address of each partner: _____

Applicant agrees that maintenance of a health permit is predicated on compliance with the Tooele County Health Regulations for Body Art Facilities. This permit is revocable for non-compliance. Permit is valid for one year from date of issue.

(Applicant's Signature)

OFFICE USE ONLY

Receipt Number: _____

Amount Due: _____

Permit Number: _____

Date: _____

Permit Expires: _____

(Environmental Health Specialist Signature)