



Massage Establishment Permit Application

TOOELE COUNTY HEALTH DEPARTMENT
151 NORTH MAIN
TOOELE, UT 84074
Phone (435) 277-2440 Fax (435) 277-2444

Name of Establishment: _____

Establishment Address: _____

Mailing Address of Establishment: _____

Telephone Number: _____

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 Massage Establishments. This permit is revocable for non-compliance. Permit is valid until December 31, of the year issued.

(Applicant's Signature)

OFFICE USE ONLY

Receipt Number: _____

Fee Paid: _____

Permit Number: _____

Date: _____

(Environmental Health Specialist Signature)

