



Health Department

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UTAH COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
health.utahcounty.gov

BODY ART 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 email _____

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

Body Art- # Stations _____

Contact Name: _____ Contact Title: _____

Contact Phone: (____) _____ - _____ Extension/ email: _____

***Incomplete applications will not be accepted.**

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, all fees relating to said permit shall be paid and premises inspected by the Utah County Health Department. ***Pre-opening inspection must be scheduled at least 2 business days prior to opening date of business.***
- 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.

Please Print

Applicant's Name: _____
Relationship to Business: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other: _____
Signature of Applicant: _____
Date of Signature: _____

Permit No: _____ Permit Fee: \$ _____
Payment Received By: _____
Payment Date: _____
Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit <input type="checkbox"/>