



151 N. Main Street  
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# APPLICATION FOR TOBACCO HANDLER PERMIT

*Please Print:*

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

Home Address: \_\_\_\_\_  
City State Zip

Mailing Address: \_\_\_\_\_  
(If different from Home Address) City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Month Date Year Area Code

Place of Employment: \_\_\_\_\_ City: \_\_\_\_\_

AGE: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*\*\*READ AND SIGN\*\*\*\*\***

I agree to abide by all local ordinances and laws of the State of Utah governing the sale of TOBACCO. I understand that failure to do so may result in revocation of my tobacco handler permit and/or other action as the law requires.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**OFFICE USE ONLY**

Amount Paid: \$ \_\_\_\_\_ Check Cash C.C

Photo Identification Verified?  19 Years of Age or Older?

Received By: \_\_\_\_\_ Receipt#: R45-\_\_\_\_\_

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