



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
Phone (435) 277-2440 • Fax (435) 277-2444
www.tooelehealth.org

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 #: _____