



APPLICATION FOR - TEMPORARY MASSAGE ESTABLISHMENT PERMIT

****APPLICATION AND PERMIT FEE SCHEDULE****
\$15.00 per day, per booth, per location

Event Name: _____ Location: _____

Event Coordinator: _____ Phone: _____

Massage Booth Name: _____

Massage Booth Owner: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Booth Contact Person: _____ Phone: _____

Requested Permit Dates: First: _____ Last: _____

Time of Operation: From: _____ AM/PM To: _____ AM/PM # of Booths each day: _____

What sanitation procedures will you be using at the event? _____

Will there be a hand sink at the temporary location? (circle one) YES NO

Applicant agrees that maintenance of a health permit is predicated on compliance with the Tooele County Health Department Regulations for Massage Establishments. This permit is revocable for non-compliance.

Applicants signature: _____ Date: _____

OFFICE USE ONLY

Fee Paid: _____ Permit Number: _____ Date: _____

EH Specialist's Signature: _____