



151 N. Main, Suite 140 Tooele, Utah 84074  
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[www.tooelehealth.org](http://www.tooelehealth.org)

## ELECTRONIC SMOKING DEVICE FACILITY PERMIT APPLICATION

Establishment Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Establishment Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Invoice/Mailing Address (If Different)

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Owner Information

Corporation Name \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address (Street/P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Individual  Partnership  L.L.C.  Corporation  \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

### Property Owner

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address (Street/P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Requested permit will be issued only after a satisfactory pre-opening inspection has been conducted and the required permit fee has been received. Operating an Electronic Smoking Device establishment prior to permit issuance, other than during an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Tooele County Health Regulation on Electronic Smoking Device Facilities. This permit is revocable for non-compliance and is non-transferrable. Permit is valid for one year from date of issue.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

#### OFFICE USE ONLY

Date: \_\_\_\_\_ Fee Due: \_\_\_\_\_ Receipt# \_\_\_\_\_

Permit# \_\_\_\_\_ Permit Expires: \_\_\_\_\_ Plan review paid: \_\_\_\_\_