



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
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PLAN REVIEW APPLICATION FOR ELECTRONIC SMOKING DEVICE ESTABLISHMENT

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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Establishment Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

PLAN REVIEW

DATE RECEIVED

Plan review fee, Sec. 8 Receipt# \_\_\_\_\_
Floors/walls/preparation surfaces/ and equipment \_\_\_\_\_
shall be smooth, non-absorbent and easily cleanable, Sec. 5.4.2 \_\_\_\_\_
Storage area for E-liquid and Nicotine, Sec. 5.4.2.7 \_\_\_\_\_
Storage area for chemicals, Sec. 5.4.2.8 \_\_\_\_\_

FORMS

Standard Operating Procedures (SOP), Sec 5.4.3 \_\_\_\_\_
SOP training log, Sec. 5.4.3 \_\_\_\_\_
E-liquid documentation, Sec. 5.4.4.1.1 \_\_\_\_\_

All of the above statements are true. I understand that any false information on this application may be cause for denial or revocation of my Electronic Smoking Device Establishment Permit. Permits may be revoked or suspended for violations of Tooele County Health Department Regulation #18. Permits are non-transferable.

Applicant's Signature

Date

OFFICE USE ONLY

Amount Due: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

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