



APPLICATION FOR MASSAGE ESTABLISHMENT PLAN REVIEW

OWNER INFORMATION

Owner Name: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____ Fax: _____

ESTABLISHMENT INFORMATION

Establishment Name: _____ Phone Number: _____

Street Address: _____

Mailing Address: _____

Email Address: _____ Fax: _____

PLAN REVIEW CHECKLIST

DATE RECEIVED

Scale drawing of floor plan, Sec. 7.3 _____

Plan review fee, Sec. 6.3 _____
(Receipt#)

The hours of operation of the establishment or outcall massage service, Sec. 7.4 _____

The number of employees, Sec. 7.5 _____

The equipment, instruments, and materials to be used, Sec. 7.6 _____

The methods of sterilizing or disinfecting equipment and instruments, Sec. 7.7 _____

Storage area for instruments and supplies _____

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 Massage Establishment Health Permit. Permits may be revoked or suspended for violations of Tooele County Health Department Regulation #6. Permits are non-transferable.

Applicant's Signature

OFFICE USE ONLY

Amount Due: _____

Receipt Number: _____

Permit Number: _____

Date: _____

E.H. Signature: _____