



151 N. Main Street
Environmental Health, Suite 140
Tooele, Utah 84074
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www.tooelehealth.org

MESSAGE ESTABLISHMENT PERMIT APPLICATION

Name of Establishment: _____

Establishment Address: _____
(Mailing address if different)

Phone #: _____ Fax #: _____

Name and Address of Property Owner: _____

Applicant's Name: _____ Phone#: _____

Applicant's Address: _____ Email: _____

Applicant is: _____ Individual _____ Partnership

If partnership, list name and address of each partner: _____

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. Permit is valid for one year from date issued.

Applicant's Signature

Office Use Only

Receipt Number: _____

Amount due: _____

Permit Number: _____

Date: _____

Permit Expires: _____

E.H Signature: _____