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TANNING FACILITY PERMIT APPLICATION

Name of Establishment: _____

Establishment Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Name of Owner: _____

Email Address: _____

Number of Tanning Beds: _____

Applicant agrees that maintenance of a health permit is predicated on compliance with Utah State Rule R392-700, Indoor Tanning Bed Sanitation. This permit is revocable for non-compliance. Permit is valid for one year from the date issued. A copy of the business license is required.

(Applicant's Signature)

OFFICE USE ONLY

Receipt Number: _____

Fee Paid: _____

Permit Number: _____

Date: _____

Permit Expires: _____

(Environmental Health Specialist Signature)