



Tanning Permit Application

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Email Address: DCEnvHealth@daviscountyutah.gov

Phone: 801-525-5128, Fax: 801-525-5119

Facility Information

| | |
|--|------------------------|
| Business Name: | Facility Phone Number: |
| Physical Address: | City/State/Zip: |
| Email Address: | Hours of Operation: |
| Number of Beds: | |
| Type of Application: <input type="checkbox"/> New Facility <input type="checkbox"/> Permit Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Remodel | |

Invoice Information: Same as: Facility Information

| | |
|------------------|-----------------|
| Name: | Attn: |
| Billing Address: | City/State/Zip: |

Mailing Information Same as: Facility Information Same as: Invoice Information

| | |
|------------------|-----------------|
| Name: | Attn: |
| Mailing Address: | City/State/Zip: |

Owner/Corporation Information

| | |
|----------------------------|----------------------------|
| Owner Name: | Corporation Name: |
| Owner Email Address: | Owner Phone Number: |
| Owner/Corporation Address: | City/State/Zip: |
| Local Contact Name: | Local Contact Phone/Email: |

Conditions of Permit

*A Department representative must be provided access to the regulated premises upon providing identification. A permit is not transferable and the Davis County Health Department must be notified prior to making any changes or modifications to the approved facility, operations, or permit information. Failure to comply with the applicable rules and regulations may result in the suspension or revocation of the permit. **I hereby certify that all the information provided in the application is correct and I understand and agree to the conditions of this permit.***

Applicant Signature: _____ Name (Print): _____ Date: _____

Permit Approval (Office Use Only)

| | | | |
|--|--------------------------------------|------------------------------------|-----------------|
| <input type="checkbox"/> Plans (No Electronic) | <input type="checkbox"/> Application | Pre-Opening Inspection Date: _____ | |
| <input type="checkbox"/> Permit Fee | Date Paid: _____ | Amount Paid: \$ _____ | Receipt # _____ |
| <input type="checkbox"/> Plan/Site Review Fee | Date Paid: _____ | Amount Paid: \$ _____ | Receipt # _____ |