

UTAH COUNTY HEALTH DEPARTMENT  
Division of Environmental Health  
(801) 851-7525

**APPLICATION FOR ANNUAL HEALTH PERMIT**

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Permitted Year: \_\_\_\_\_

In consideration of granting of said permit, I hereby specifically agree to each of the following conditions and specifically waive all objections thereto:

1. This permit is non-transferable.
2. Prior to operating the business authorized by said permit, the premises shall be inspected by the Utah County Health Department. Renewal permits do not require pre-inspection.
3. All businesses and premises operated pursuant to said permit will be conducted and maintained in accordance with all relevant health statutes, ordinances, rules, and regulations.
4. During the term of said permit, I and my employees will allow Health Department inspectors access to the premises during normal working hours to conduct such inspections as may be necessary to guarantee compliance with health codes. I specifically waive any right to demand the issuance of a search warrant or other investigative order prior to conducting such inspections.

I understand and agree that violation of this application agreement may result in suspension, termination, or non-renewal of said permit.

Print Applicant Name: \_\_\_\_\_

Relationship to Business:  Owner  Manager  Other \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Make Check Payable to: UCHD**

Send Application and Payment to: Utah County Health Department  
Division of Environmental Health  
151 S. University Avenue, Suite 2600  
Provo, Utah 84601

Office Use Only:

Permit Fee: \$ \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Permit # \_\_\_\_\_