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**APPLICATION MULTI SERVICE COSMETOLOGY FACILITY PERMIT  
(IF THIS IS A NEW FACILITY YOU WILL ALSO NEED TO APPLY FOR A PLAN REVIEW)**

Establishment Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address (If different from street address): \_\_\_\_\_  
Establishment Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF FACILITY (please check all that apply):**

☐ Cosmetology (\$250) ☐ Body Art (\$100) ☐ Tanning (\$100)

Facility Name: \_\_\_\_\_

Facility mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Legal Owner: \_\_\_\_\_

Is the Legal Owner an: ☐ Individual ☐ Partnership ☐ Corporation ☐ Association ☐ Other: \_\_\_\_\_

Provide the name of all individuals comprising legal ownership and their mailing addresses:

\_\_\_\_\_

(attach additional pages if needed)

Name of Person Applying for Permit: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ What is your relationship to this establishment? \_\_\_\_\_

Services to be performed: \_\_\_\_\_

Artist name if body art is performed: \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

What entity issued your business license? \_\_\_\_\_

(Please indicate name of city or county entity)

**PLEASE INCLUDE ALL LICENSES/CERTIFICATES APPLICABLE TO FACILITY**

I hereby certify to the best of my knowledge, the foregoing information is correct. I agree to abide by Utah Administrative Code R392-702 Cosmetology Facility Sanitation and TriCounty Health Department's Cosmetology Rule. I understand that this permit is revocable for non-compliance with State and/or health department rules and regulations. The health department will be allowed inspection access to the establishment and establishment records. I understand that this permit is non-transferable.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH DEPARTMENT USE ONLY** Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Received By: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

