# I/M STATION APPLICATION
# WEBER-MORGAN HEALTH DEPARTMENT

**BUSINESS NAME** **DOING BUSINESS AS/STATION NAME** **TAX ID #**

**STATION ADDRESS** **CITY** **ZIP CODE**

**SERVICE MANAGER** **AUTHORIZED PURCHASER(S)** **SERVICE DEPT. PHONE**

---

**NAME OF STATION OWNER(S)** CHECK ONE: CORPORATION ___ INDIVIDUAL ___ PARTNERSHIP ___ LLC ___

**STATION OWNER/REGISTED AGENT(S) MAILING ADDRESS** **NAME OF PROPERTY OWNER**

**STATION OWNER/REGISTED AGENT(S) PHONE NUMBER** **EMAIL ADDRESS**

**NAME ON BUSINESS LICENSE** **LICENSE NUMBER** **DATE OF ISSUANCE** **Attach Copy of Business License**

Maintenance of I/M Program Station Permit is predicated on compliance with the Weber-Morgan Health Department Regulation for Inspection and Maintenance Program. Permit is revocable for noncompliance or if it is determined by the Weber-Morgan Health Department that false information was submitted on this application or if an individual that has had a I/M Permit revoked by the I/M Department is found to have any involvement in the new I/M Station.

OWNER'S SIGNATURE PRINT NAME DATE

---

## FOR OFFICE USE ONLY

TYPE OF FACILITY: TEST ONLY ____ TEST AND REPAIR. ____ DATE FEE PAID _____ STATION NUMBER _____

ANALYZER NUMER _____

**NEW STATION** **$250.00**
**Station Sign, I/M Regulation, and Current Bulletins** **$25.00**
**$275.00**

**DATE APPROVED _____ AUDITOR'S SIGNATURE _____**