

# WEBER-MORGAN HEALTH DEPARTMENT

477 23<sup>RD</sup> STREET OGDEN, UTAH 84401  
TELEPHONE (801) 399-7160 FAX (801) 399-7170

## APPLICATION FOR BUSINESS LICENSE SANITATION INSPECTION

Fee \$60.00

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DAYS/HOURS OF OPERATION: \_\_\_\_\_

SERVICES PROVIDED: \_\_\_\_\_

WATER SUPPLY: \_\_\_\_\_ SEWER SYSTEM: \_\_\_\_\_

### MAILING ADDRESS WHERE YOU WISH TO RECEIVE CORRESPONDENCE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ EMAIL: \_\_\_\_\_

Upon receipt of application and payment, an inspector will contact you and make an appointment for inspection.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_