

WEBER-MORGAN HEALTH DEPARTMENT

477 23RD 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: _____