



WEBER-MORGAN HEALTH DEPARTMENT
477 23rd STREET, OGDEN, UTAH 84401
TELEPHONE: (801) 399-7160
FAX: (801) 399-7170

APPLICATION FOR E-LIQUID MANUFACTURING PERMIT

BUSINESS NAME (DBA): _____

BUSINESS ADDRESS: _____ FAX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE #: _____ MANAGER: _____

TYPE OF OWNERSHIP: Individual Corporation Partnership Other _____

NAME OF OWNER(S): _____

PRIMARY CONTACT: _____ PHONE #: _____

PRIMARY CONTACT ADDRESS: CITY/STATE/ZIPCODE: _____

EMAIL: _____

BUSINESS LICENSE CITY & #: _____

UTAH TOBACCO LICENSE # (if applicable) _____

MAILING ADDRESS WHERE YOU RECEIVE CORRESPONDENCE AND INVOICES

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I understand that a representative of the Weber-Morgan Health Department must perform periodic audits in order to maintain this permit. I also understand that this permit is for the sole purpose of manufacturing e-liquid. This permit does not give the facility the ability to manufacturer other substances used in an e-cigarette that are illegal on a Federal or State level. In the event that a facility is found to manufacture illegal substances or is in violation of the Weber-Morgan Health Department E-Liquid Manufacturing Regulation the facility shall be subject to the Weber-Morgan Health Department's Adjudicative Hearing Procedures and may result in permit suspension or revocation and/or monetary penalties.

SIGNATURE: _____ DATE: _____

~ OFFICE USE ONLY ~

ANNUAL FEE: MANUFACTURING Permit \$100

APPROVED: _____ DENIED: _____ DATE: _____ PERMIT #: _____

Initials of WMHD employee who collected money: _____