

**WEBER-MORGAN DISTRICT HEALTH DEPARTMENT**  
**477 23<sup>rd</sup> STREET, OGDEN, UTAH 84401**  
**TELEPHONE: (801) 399-7160**  
**FAX: (801) 399-7170**

**APPLICATION FOR PERMIT TO OPERATE A  
TATTOO AND/OR BODY PIERCING ESTABLISHMENT**

**FEES: \$100 NEW \$75 RENEWAL**

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

ADDRESS: CITY/STATE/ZIP CODE: \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MANAGER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ BODY PIERCING \_\_\_\_\_ TATTOOING

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

WATER SUPPLY: PUBLIC\_\_\_ PRIVATE\_\_\_ SEWER SYSTEM: PUBLIC\_\_\_ PRIVATE\_\_\_

MAILING ADDRESS WHERE YOU WISH TO RECEIVE CORRESPONDENCE
NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

I understand that a representative of the Weber-Morgan District Health Department must perform periodic inspections in order to maintain this permit, and that this permit may be suspended or revoked for non-compliance with the Weber-Morgan District Tattoo and Body Piercing Establishment Regulations.

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

