



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

APPLICATION FOR E-CIGARETTE, ENDS OR ENDS PARAPHERNELIA 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: _____

ARE YOU APPLYING FOR AN E-JUICE MANUFACTURING ENDORSMENT: Yes No

I understand that a representative of the Weber-Morgan Health Department must perform periodic audits in order to maintain this permit, and that this permit may be suspended or revoked for non-compliance with the Weber-Morgan E-cigarette, ENDS, ENDS Paraphernalia & Manufacturing Regulation.

SIGNATURE: _____ DATE: _____

~ OFFICE USE ONLY ~

ANNUAL FEE: MANUFACTURING Permit \$200

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

Initials of WMHD employee who collected money: _____