

I/M STATION APPLICATION WEBER-MORGAN HEALTH DEPARTMENT

BUSINESS NAME	DOING BUSINESS AS/STATION NAM	TAX ID # (Attach Copy)
STATION ADDRESS	CITY	ZIP CODE
SERVICE MANAGER	AUTHORIZED PURCHASER(S)	SERVICE DEPT. PHONE
WEBER COUNTY PERMIT	TTED TESTER/TECHNICIAN(S) APPLUS	WORKSTATION NUMBER
NAME OF STATION OWN		ON INDIVIDUAL PARTNERSHIP LLC
STATION OWNER/REGIS	TED AGENT(S) MAILING ADDRESS	NAME OF PROPERTY OWNER
STATION OWNER/REGIS	TED AGENT(S) PHONE NUMBER	EMAIL ADDRESS
NAME ON BUSINESS LICE	ENSE LICENSE NUMBER DATE OF ISSUA	Attach Copy of Business License
Department Regulation or if it is determined by this application or if ar	n for Inspection and Maintenance Progr y the Weber-Morgan Health Departmen	compliance with the Weber-Morgan Health ram. Permit is revocable for noncompliance at that false information was submitted on revoked by the I/M Department is found to
OWNER'S SIGNATURE	PRINT NAME	DATE
*INCOMPLETE STATION A **ADDITIONAL DOCUMEN	APPLICATIONS WILL NOT BE ACCEPTED NTS MAY BE REQUESTED BY THE DEPARTM	ENT WHILE EVALUATING THIS APPLICATION
	FOR OFFICE USE (ONLY
TYPE OF FACILITY: TEST	ONLY TEST AND REPAIR DATE	E FEE PAID STATION NUMBER
NEW STATION Station Sign, I/M Regulation	\$250.00 a, and Current Bulletins <u>\$25.00</u> \$275.00	
DATE APPROVED	LEAD AUDITOR'S SIGNAT	TIRE