

**I/M STATION APPLICATION
WEBER-MORGAN HEALTH DEPARTMENT**

STATION NAME _____ DATE _____

STATION ADDRESS _____ CITY _____ ZIP CODE _____

SERVICE MANAGER _____ SERVICE DEPT. PHONE _____ FAX NUMBER _____ ANALYZER PHONE _____

NAME OF STATION OWNER(S) _____ CHECK ONE: CORPORATION ___ INDIVIDUAL ___ PARTNERSHIP ___ LLC ___

STATION OWNER(S) MAILING ADDRESS _____ PHONE NUMBER _____ NAME OF PROPERTY OWNER _____

STATION OWNER(S) MAILING ADDRESS _____ PHONE NUMBER _____

NAME ON BUSINESS LICENSE _____ LICENSE NUMBER _____ DATE OF ISSUANCE _____ **Attach Copy of Business License**

Maintenance of I/M Program Station Permit is predicated on compliance with the Weber-Morgan Health Department Regulation for Inspection and Maintenance Program. Permit is revocable for noncompliance or if it is determined by the Weber-Morgan Health Department that false information was submitted on this application.

OWNER'S SIGNATURE _____ PRINT NAME _____ DATE _____

FOR OFFICE USE ONLY

TYPE OF FACILITY: TEST ONLY ___ TEST AND REPAIR. ___ DATE FEE PAID _____ STATION NUMBER _____

ANALYZER NUMER _____

NEW STATION	\$250.00
100 Certificate of Compliance Numbers	\$300.00
Station Sign, I/M Regulation, and Current Bulletins	\$25.00
	\$675.00

DATE APPROVED _____ AUDITOR'S SIGNATURE _____