I/M STATION APPLICATION
WEBER-MORGAN HEALTH DEPARTMENT

BUSINESS NAME **DOING BUSINESS AS/STATION NAME** **TAX ID #**

STATION ADDRESS **CITY** **ZIP CODE**

SERVICE MANAGER **AUTHORIZED PURCHASER(S)** **SERVICE DEPT. PHONE**

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

STATION OWNER/REGISTED AGENT(S) MAILING ADDRESS **NAME OF PROPERTY OWNER**

STATION OWNER/REGISTED AGENT(S) PHONE NUMBER **EMAIL ADDRESS**

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 or if an individual that has had a I/M Permit revoked by the I/M Department is found to have any involvement in the new I/M Station.

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**
Station Sign, I/M Regulation, and Current Bulletins **$25.00**
$275.00

DATE APPROVED _____ AUDITOR'S SIGNATURE _____