



**NEWARK**

(740)-349-6535

675 Price Rd.

Newark, OH 43055

**PATASKALA**

(740) 755-4520

621 W. Broad St.

Pataskala, OH 43062

[www.lickingcohealth.org](http://www.lickingcohealth.org)

**Application for a Permit to Operate an ENDS Facility in the City of Heath**

Name of Facility		Name of Permit Holder		
Address				
City		State	Zip Code	Email Address
Phone Number	Type of Application			
	Original <input type="checkbox"/> Renewal <input type="checkbox"/>			

**Mailing Address for Renewal if Different than Above:**

Name of Parent Company or Owner			Phone Number	
Address				
City		State	Zip Code	Email Address
I hereby certify that I am the permit holder or the authorized representative of the ENDS facility indicated above:				
Signature			Date	

Permit Fee	Late Fee	Total Amount Due
<b>\$150.00</b>		<b>\$150.00</b>

**Application Approved for Permit**

By	Date	Permit Number

Before any permit application can be processed, the application must be properly completed and the required fee must be submitted to the Licking County Health Department. Failure to do so will prevent the permit from being issued or renewed.

Failure to appropriately complete this application and remit the necessary fee within the will result in a 30% late fee, in addition to the application fee, being required of the applicant before the permit will be issued.