

HEALTH DEPARTMENT
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PERMIT APPLICATION TO OPERATE A NEW TANNING FACILITY

Permit Fee: \$50.00

Name of Facility: _____

Business Address: _____

Mailing Address if Different: _____

Business Phone: _____

Owner Name: _____

Owner Address: _____

Home Phone: _____ Cell Phone: _____

Days & Hours of Operation: _____

Indicate Number of Tanning Devices Available:

_____ Tanning Bed(s) _____ Tanning Booth(s) _____ Spray Tan

List the name and address of tanning device supplier:

List business name of installer: _____

List date if installation of each tanning device: _____

List service agent of tanning device: _____

Signature of Owner

Date