



Working for Healthy Communities

Permit No. _____

Expiration Date: _____

Tanning Facility Permit **Application**

- Operation Permits are valid for the calendar year, renewable on December 31st of that year.
- Non-transferable.
- A 30-day grace period will be given for renewal of the permit.
- New Establishment Fee: \$85.00

Name of Business: _____ Date: _____

Hours of Business Operation: _____

Address of Business: _____ Phone: _____

City, State, Zip: _____ Fees Paid: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

City, State & Zip _____

Maintenance of this Permit is conditional upon compliance with the Tanning Bed Regulation, and may be revoked or suspended with cause. I hereby agree to abide by all aspects of the CUPHD Body Art Regulation.

Applicant Signature

Local Environmental Health Scientist