



Working for Healthy Communities

Permit Number: _____

Tanning Facility Permit Application

- Operation Permits are valid for the calendar year, renewable on January 1st of each year.
- Non-transferable.
- Establishment Fee: **\$200.00**

Date: _____

Name of Business: _____ Number of Beds: _____

Hours of Business Operation: _____

Address of Business: _____ Phone: (____) _____

City, State, Zip: _____ Fees Paid: _____

Owner's Name: _____ Phone: (____) _____

Owner's Address: _____

City, State & Zip _____

Email Address: _____

Maintenance of this Permit is conditional upon compliance with the Indoor Tanning Bed Sanitation Rule UAC R392-700, and may be revoked or suspended with cause. I hereby agree to abide by all aspects of Utah Administrative Code R392-700 and applicable local regulations.

Applicant Signature

Local Environmental Health Scientist