



# Tanning Facility Permit Application

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hours of Business Operation: \_\_\_\_\_ Number of Beds: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

- Permits are valid for the calendar year, renewable on January 1<sup>st</sup> of each year.
- Permits are non-transferable.

### Office Use Only

**Permit Fee: \$200** Amount Paid: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Payment Method:  Cash  Check #: \_\_\_\_\_  Credit Card

LEHS Approval: \_\_\_\_\_ Date: \_\_\_\_\_