



License Number

STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR TANNING FACILITY LICENSE
AUTHORITY: SECTION 381.89, Florida Statutes

INSTRUCTIONS: 1. Provide the information requested below. 2. Sign the application and return it, along with the required fee (do not send cash), to the County Health Department. If the information on this form changes, you must notify the county health department by telephone or in writing. 3. Please complete front and back of application.

Name of Facility
Facility Address
Owner's Name
Owner's Address
Owner's Phone
Facility Phone
Email Address

Is this a mobile tanning unit? YES NO Mobile units must meet all requirements of Chapter 64E-17 F.A.C. If yes, please list the geographical areas to be covered within the state. If more space is needed please use a separate sheet of paper and attach to application.

WHAT IS THE TOTAL NUMBER OF TANNING DEVICES IN THE FACILITY?

HOW MANY? BEDS BOOTHS

THE ANNUAL LICENSE FEE FOR THIS TANNING FACILITY IS \$

Please make check or money order payable to the County Health Department. The undersigned owner/owner's representative hereby agrees to operate the tanning facility described in this application in accordance with the requirements of Section 381.89, Florida Statutes. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application or failure to comply with the sanitary standards for tanning facilities is grounds for denial or revocation of the tanning facility license.

Owner/Owner's Representative Signature

Date

Environmental Health Official Signature

Date License Approved

TANNING FACILITY EQUIPMENT INFORMATION

MANUFACTURER	MODEL	SERIAL #	BED	BOOTH
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TANNING DEVICES TANNING LAMPS

MANUFACTURER	MODEL
1.	
2.	
3.	
4.	
5.	

TANNING EQUIPMENT SUPPLIERS

NAME:	
ADDRESS:	
PHONE:	
NAME:	
ADDRESS:	
PHONE:	