

Albany County Department of Health
175 Green Street • Albany, NY 12202 • (518) 447-4580

TANNING FACILITIES PROGRAM

APPLICATION CHECKLIST

Include this checklist as a cover page when applying to the Albany County Department of Health for a permit to operate a tanning facility

ALL ITEMS ON THIS FORM ARE REQUIRED

Facility Name/DBA: _____

Facility Address: _____

Street Number & Name

City, State and Zip

Operator Name: _____

Please check and submit the following:

Application for a Permit to Operate (including Worker's Compensation and Disability Insurance documentation)

Tanning Facility Program Fee Determination Schedule

Check payable to "Albany County Department of Health"

Please check each item to confirm that your tanning facility is in compliance with Subpart 72-1 of Title 10 New York Codes, Rules and Regulations

Warning sign located within 3 feet of each UV device

Tanning Hazards information sheet provided to all patrons

Statement of Acknowledgement form signed and maintained on site for all patrons

Required FDA labels provided on all approved UV devices (21 CFR 1040.20)

Remote timer controls or lockout equipment provided for all UV devices

Operator's Signature

Date Signed