

Tanning Facilities Program Fee Determination Schedule

INSTRUCTIONS

Print the requested information. Determine the correct fee. Make your check payable to the New York State Department of Health. Mail this completed form and your check along with a completed Application for a Permit to Operate (DOH-3915) to the appropriate Department of Health Office within 30 days of receipt of this form. A \$20 fee will be charged for a returned check.

FOR OFFICE USE ONLY

Cashline Number _____

Amount \$ _____

Received By _____

SECTION A – FACILITY

1. a. Facility Name _____

b. Facility Address _____
Number and Street

_____ City State ZIP

c. County _____

2. Name of Operator _____

3. Type of Facility: Tanning Only Salon/Spa Fitness Other

SECTION B – BASIC FEE (Two-year Registration Period)

Indicate the number of tanning devices in the facility, then multiply the number of devices by \$200.

Number of tanning devices _____ X \$200 \$ _____

Add a \$120 registration fee \$ _____

TOTAL FEE DUE \$ _____

SECTION C – CERTIFICATION

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

Signature of Operator _____ Date _____