

**ROCKLAND COUNTY DEPARTMENT OF HEALTH**

50 SANATORIUM ROAD - BUILDING D  
CENTER FOR ENVIRONMENTAL HEALTH  
POMONA, NEW YORK 10970

**Application for Permit to Operate a Commercial Tanning Facility**

This entire application must be completed before a permit can be issued. Failure to completely fill out and sign this form will delay issuance of your permit to operate. Operation without a valid permit is a violation of the New York State Public Health Law and the Rockland County Sanitary Code. Return this application and fees to the above address along with appropriate fees made payable to the *Rockland County Commissioner of Finance*.

**TANNING FACILITY INFORMATION**

Name of Facility: \_\_\_\_\_

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

Contact Person/Manager: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**FACILITY OWNER INFORMATION**

Corporate Owner: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Business Hours: \_\_\_\_\_

**ULTRAVIOLET RADIATION DEVICES**

(Indicate the number of each UV device type)

\_\_\_ Tanning Beds      \_\_\_ Tanning Booths      \_\_\_ Other Devices: (ie., Facial)

**Fees: \$200 per UV device + \$120 biennial registration\***

*\*In conjunction with Amendments to Subpart 72-1: Tanning Facilities Effective January 5, 2022*

**WORKERS COMPENSATION & DISABILITY INFORMATION**

**Note: ACORD forms are not acceptable proof of New York State workers' compensation coverage under WCL §57.**

Workers' Compensation Carrier: \_\_\_\_\_

Workers' Compensation Policy#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**(Please attach Certificate of Workers' Compensation Insurance - Form C-105.2)**

Disability Benefits Carrier: \_\_\_\_\_

Disability Benefits Policy#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**(Please attach Certificate of Insurance Coverage under the NYS Disability and Paid Family Leave Benefits Law - Form DB-120.1)**

No Employees. **Sign & Attach** Form **CE-200** – Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage.

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION CHECKLIST

New York State Department of Health  
Bureau of Community Environmental Health and Food Protection  
Tanning Facilities Program

This checklist is to ensure that each application includes the required forms and fee, and to remind applicants of State Sanitary Code Subpart 72-1 requirements. Subpart 72-1, required forms, and other important information can be found at: <http://www.health.ny.gov/environmental/indoors/tanning/>

## **Submit this checklist with your application**

Facility Name/DBA: \_\_\_\_\_

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

County: \_\_\_\_\_ City/Town/Village: \_\_\_\_\_

Name of Operator or Legal Entity: \_\_\_\_\_

## **Check the following items to attest that it is included in your application**

- Application for a Permit to Operate
- NYS Workers' Compensation and Disability Insurance forms; correct forms and numbers are listed on the application for a Permit to Operate
- Check payable to "Commissioner of Finance"

## **Check the following items to attest that you comply with these requirements of Subpart 72-1**

- Warning Sign (11 X 17 inches) posted within 3 feet of each device
- Tanning Hazards Information Sheet provided to each new patron
- Statement of Acknowledgement Form signed by operator and patron and kept on site
- Required FDA labels affixed on all approved UV tanning devices (21CFR 1040.20)
- Remote timer control and lockout equipment for each UV tanning device
- Proof of UV lamp compatibility for each UV tanning device

Operator Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name: \_\_\_\_\_