

Tanning Facility Registration Application

Howard County Board of Health regulations require tanning facility owners in Howard County to submit an annual registration form and pay a registration fee for each tanning facility they operate within thirty (30) days of acquiring ownership or by January 6, 2010 (for existing facilities). Tanning devices registered to different persons at the same location and devices registered to the same person, but at separate locations, are separate tanning facilities (Regulation .04(f)).

Instructions: Please che	eck the required box	es, completely fill c	out this form	n, and submit to th	ne Health Department.				
NEW	RENEWAL								
FACILITY NAME				PHONE # w/ area code					
FACILITY ADDRESS									
	Street number & Stre	et name		City & State	Zip Code				
OWNER OR CORPORATION NAME				PHONE # w/ area code					
OWNER OR CORPORATION									
ADDRESS	Street number & Stre	et name		City & State	Zip code				
IF CORPORATION, LIS	ST NAME & PHONE	# OF RESIDENT	AGENT						
Name: Phone #									
	T								
BUSINESS INFO	List the hours & days	facility is onen for h	usiness	List the number of	f trained full/part-time attendants				
	List the nours & days	racility is open for b	usiriess	List the number of	trained fail/part-time attendants				
Do you provide a bathroom	m for customer use or h	nave a Health Office	waiver on fi	le (Regulation .08)?	☐ YES ☐ NO				
Do you provide employees with training recognized by the tanning industry that at a minimum includes the following topics: the operation and maintenance of equipment and safety aids; need and use of protective eyewear; skin typing; identification of potential photosensitizing drugs and other factors used to determine a customer's exposure time; UV radiation and its effect on the skin and eyes; and applicable state and federal laws and regulations pertaining to the operation and use of a tanning device including 21CFR1040.20 (Regulation .17)? YES NO									
Have you listed all tanning devices at this facility on Side 2 of this registration application? YES NO									
and certify that the information	ation provided in this re n Department to inspec	gistration application	is true and	correct. By signing	ations governing tanning facilities this registration, I agree to permit rmination of compliance with the				
Signature of Registrant		Printed Name	& Title		Date (MM/DD/YYYY)				
Make check/money ord	er (no cash) payable		For Office Use Only Amount Paid:						
Send completed applications of the Send County HE BUREAU OF ENVIRON 7178 Columbia Gatewa Columbia, MD 21046	EALTH DEPARTMEN NMENTAL HEALTH -	5.	Check/MO #: Date Filed: Date Expires: Receipt #: Registration #:						

Manufacturer	Model #	Type of I	Jnit (<i>check</i>	type)	Serial Number & Year Put-in-Service
	Wodel #	Bed	Booth	Other	Serial Number & Fear Fut-III-Service
				1	
				+	
				1	+
				1	
-					
				1	