



TANNING FACILITY LICENSE APPLICATION

NEW ESTABLISHMENT		CHANGE IN OWNERSHIP	
NAME OF PREVIOUS FACILITY		NAME OF PREVIOUS OWNER	
OWNER			
NAME			
MAILING ADDRESS		CITY/STATE	ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER	
ESTABLISHMENT			
NAME		NUMBER OF BEDS	
ADDRESS		CITY/STATE	ZIP CODE
MAILING ADDRESS		CITY/STATE	ZIP CODE
TELEPHONE NUMBER		EMAIL ADDRESS	
SCHEDULE OF LICENSE FEES			

Application Plan Review: \$50
 For a tanning facility with 1-5 beds: Annual flat fee of \$100 plus \$20/bed
 For a tanning facility with 5 or more beds: Annual flat fee of \$200

<p>I have read and understand the requirements as detailed in the Western Plains Public Health's Tanning Code and agree to the terms and requirements for a Body Art Operator. I further agree to the requirements of the Code in their entirety as relates to hiring, operating and maintaining records. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder. Western Plains Public Health's Tanning Code as well as an online payment link can be found at: https://www.westernplainsph.org/tanning-establishments</p>	
OWNER SIGNATURE	DATE

FOR OFFICE USE ONLY			
REVIEWED BY	DATE PAID	CASH / CHECK # / CC	AMOUNT