## **New York State Department of Health**

**Bureau of Community Environmental Health and Food Protection** 

## **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 #
Amount \$
Received by

Section A - Facility				
1a. Facility Name:				
b. Facility Address: (No 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 i	n the facility, then mu	Itiply the number	of devices by \$50.	
Number of tanning devices	X \$50		\$	
Add a \$30 registration fee			\$	
	TOTAL FEE DUE \$			
Section C - Certification				
I hereby certify that the statements mad	e on this form are acc	curate to the best	of my knowledge.	
Signature of Operator:		D	ate: / /	