

Albany County Department of Health Tanning Facilities Program Application Checklist

Include this checklist as a cover page when applying for a permit to operate a tanning facility with the Albany County Department of Health. All items on this form are required.

Facility Name/DBA: _____

Facility Address: _____
(Number and Street, City, State, Zip Code)

Name of Operator: _____

Please check and submit the following three items.

- ___ Application for a Permit to Operate
* Including Worker's Compensation and Disability Insurance documentation
- ___ Tanning Facility Program Fee Determination Schedule
- ___ Check payable to the Albany County Department of Health

Please check each item below to indicate that your tanning facility is compliant with Subpart 72-1 of Title 10 New York Codes, Rules and Regulations.

- ___ Warning sign (located within 3 feet of each UV device)
- ___ Tanning Hazards Information Sheet (provided to all patrons)
- ___ Statement of Acknowledgement Form (signed and maintained on site for all patrons 18 years of age or older)
- ___ Parental Consent Form (signed and maintained on site for all patrons 17 years of age)
- ___ Required FDA labels provided on all approved UV devices (21 CFR 1040.20)
- ___ Remote timer controls or lockout equipment provided for all UV devices

Signature of Operator _____ Date ___ / ___ / ___