

**Albany County Department of Health
Tanning Facilities Program
Fee Determination Schedule**

Section A – Facility

- 1a. Facility Name: _____
- b. Facility Address: _____

- 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 in the facility, then multiply the number of devices by \$50

Number of tanning devices _____ X \$50 ----- \$ _____

Add a \$30 registration fee ----- \$ 30

TOTAL FEE DUE \$ _____

Section C – Certification

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

Signature of Operator: _____ Date: ____/____/____