



License Number

STATE OF FLORIDA
Department of Health
APPLICATION FOR TANNING FACILITY LICENSE
AUTHORITY: CHAPTER 381, Florida Statutes

Instructions: 1. Provide the information requested below. 2. If any of the pre-completed information is incorrect or has changed since the initial license was issued, please make necessary changes in the Annual Renewal section. 3. Sign the application and return it, along with the required fee (do not send cash), to the County Health Department listed on the application. A new application is required for renewal at license.

Name of Facility: _____

Location: _____
Street City Zip Code

Owner's Name: _____
Last First Middle

Owner's Address: _____
Street City State Zip Code

Owner's Phone: () Business Phone: ()

Annual Renewals: If Any Of The Above Information Has Changed, Please Make The Necessary Corrections Below:

Name of Facility: _____

Location: _____
Street City Zip Code

Owner's Name: _____
Last First Middle

Owner's Address: _____
Street City State Zip Code

Owner's Phone: () Business Phone: ()

Our Records Indicate That This Facility Contains: _____ Tanning Devices,
Beds, _____ Booths, _____ Other Devices.

The Annual License Fee For Your Tanning Facility Is \$ _____

Please make check or money order payable to the _____ County Health Department. The Undersigned owner/owner's representative hereby agrees to operate the tanning facility described in this application in accordance with the requirements of Chapter 381.89, Florida Statutes. The information contained in this application, which serves as the basis for licensure, is true and correct. I understand that any misrepresentation of the facts in this application, or failure to comply with sanitary standards, is grounds for denial or revocation of the tanning facility license.

Signature, Owner/Owner's Representative

Date

Signature, Environmental Health

Date License Approved

