



# MCHD ENVIRONMENTAL

453 Van Voorhis Rd Morgantown, WV 26505 Phone: 304-598-5131 Fax: 304-598-5122



## APPLICATION FOR TANNING FACILITY CERTIFICATE

INSTRUCTIONS: Please complete this application; do not leave any spaces blank. Sign and return it, along with the appropriate fee, to the Monongalia County Health Department. If any information about your facility changes, you must notify the Monongalia County Health Department by telephone or in writing.

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_  
Street City Zip Code

Owner Name \_\_\_\_\_  
Last First Middle

Owner Address \_\_\_\_\_  
Street City Zip Code

Owner Phone \_\_\_\_\_ Facility Phone \_\_\_\_\_

Email Address \_\_\_\_\_

WHAT IS THE TOTAL NUMBER OF TANNING BEDS, BOOTHS OR DEVICES IN THE FACILITY? \_\_\_\_\_

The annual certificate fee for tanning facilities is based on the number of beds or devices in the facility:

**1 - 5 devices = \$200.00, 6 - 10 devices = \$300.00, and 11 or more devices = \$400.00**

payable to the Monongalia 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 enclosed. The information contained in this application, which serves as the basis for certificate, is true and correct. I understand that any misrepresentation of the facts in this application or failure to comply with the sanitary standards for tanning facilities is grounds for denial or revocation of the tanning facility certificate.*

\_\_\_\_\_  
Owner/Owner's Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Environmental Health Official Signature

\_\_\_\_\_  
Date

## 1. TANNING EQUIPMENT INFORMATION

	MANUFACTURER	MODEL	SERIAL #	BED OR BOOTH
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Attach additional sheets if necessary

## 2. TANNING EQUIPMENT SUPPLIERS

NAME:	
ADDRESS:	
PHONE:	

NAME:	
ADDRESS:	
PHONE:	

NAME:	
ADDRESS:	
PHONE:	

Attach additional sheets if necessary

3. Please attach a copy of certificate for certified operator.

4. Please attach a drawing of the tanning facility.

## **5. Facility review checklist:**

Business sign is displayed and clearly visible from the street.

A certified tanning operator must be on duty at all times. Only certified operators 18 years of age or older may work alone.

Remote timers must be installed for each bed or booth.

Emergency on/off switches must be installed for each bed and booth.

A thermometer installed in each room with a sign 5 ft. above the floor indicating the maximum temperature permitted.

Clean and sanitary eye goggles must be provided and readily available for each patron.

Sanitizing product must be available to clean beds/booths.

Restroom with hot and cold running water available.

Patron information and consent cards must be available at time of an inspection; anyone under 18 must have parent consent to tan.

No one under age of 14 permitted to tan.

Tanning rules posted at front desk.

Photosensitive warning form provided.

Lamp compatibility charts must be available for all beds/booths. (Owner's manual should contain this information.)

Owner's manual must be available for all beds/booths.

### **Residential Salon in addition to the above must:**

Have a separate outside entrance.

Have restrooms available within the establishment.