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 ___ / ___ / ___