



Tanning Facility Permit Application

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____ Email: _____

Owner Name: _____ Owner Phone: _____

Address: _____

Hours of Business Operation: _____ Number of Beds: _____

Maintenance of this Permit is conditional upon compliance with the Indoor Tanning Bed Sanitation Rule UAC R392-700, and may be revoked or suspended with cause.

I hereby agree to abide by all aspects of Utah Administrative Code R392-700 and applicable local regulations.

Applicant Signature: _____ Date: _____

- Permits are valid for the calendar year, renewable on January 1st of each year.
- Permits are non-transferable.

Office Use Only

Permit Fee: \$250 Amount Paid: _____ Permit #: _____

Date Received: _____ Received by: _____ Receipt #: _____

Payment Method: Cash Check #: _____ Credit Card

LEHS Approval: _____ Date: _____