APPLICATION FOR TANNING FACILITY REGISTRATION

This application and annual registration fee must be submitted within 30 days of the start of business. (**Make checks payable to: Treasurer, State of Maine)**

Annual Fee: $50 plus $20 per tanning device

Example: Tanning Salon with 3 beds.

Fee = $50 + $60 ($20 x 3 beds) or $110

Mail to:
State of Maine
Division of Environmental Health,
Radiation Control Program,
286 Water Street - 3rd Fl,
#11 State House Station
Augusta, ME 04333

FACILITY INFORMATION

TANNING FACILITY NAME: _____
ADDRESS:_____
CITY:_____STATE:_____ZIP: _____
DATE TANNING FACILITY OPENED:_____

MANAGEMENT AND OWNER INFORMATION

MANAGER'S NAME: _____
BUSINESS TELEPHONE: _____
BUSINESS EMAIL: _____
OWNER'S NAME: _____
HOME ADDRESS:_____
CITY:_____STATE:_____ZIP:_____
HOME TELEPHONE:_____

YOUR TANNING FACILITY MUST HAVE:

YES	NO	
( )	( )	AT LEAST ONE OPERATOR THAT HAS BEEN FORMALLY TRAINED
( )	( )	REQUIRED WARNING LABEL POSTED ON EACH MACHINE
( )	( )	PROTECTIVE GOGGLES AVAILABLE
( )	( )	AN OPERATOR PRESENT WHEN TANNING EQUIPMENT IS IN USE
( )	( )	INFORMATION ON PHOTOSENSITIZING DRUGS AND RECOMMENDED TANNING SCHEDULES FOR INDIVIDUALS AND PROVIDE INSTRUCTION ON THE USE OF THE MACHINE
( )	( )	A MEANS TO CHECK STATE ID TO ENFORCE 18 YEAR OLD AGE REQUIRMENT TO USE TANNING DEVICES
( )	( )	A STATEMENT FOR THE CONSUMER TO SIGN INDICATING THAT THE INFORMATION AND INSTRUCTIONS HAVE BEEN UNDERSTOOD

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TANNING BED/BOOTH INFORMATION:

Bed ( ) Booth ( ) (Please check one) | Maximum Tanning Time (Mins.)______ | How many in the facility (#)________
Manufacturer: ___________________ Model: ______________________
Sales or Service Company Name:_____________________________
Address: _____________________________
____
Serial Number(s):
1_________________ 2_________________
3_________________ 4_________________
5_________________ 6_________________

Bed ( ) Booth ( ) (Please check one) | Maximum Tanning Time (Mins.)______ | How many in the facility (#)________
Manufacturer: ___________________ Model: ______________________
Sales or Service Company Name:_____________________________
Address: _____________________________
____
Serial Number(s):
1_________________ 2_________________
3_________________ 4_________________
5_________________ 6_________________

Bed ( ) Booth ( ) (Please check one) | Maximum Tanning Time (Mins.)______ | How many in the facility (#)________
Manufacturer: ___________________ Model: ______________________
Sales or Service Company Name:_____________________________
Address: _____________________________
____
Serial Number(s):
1_________________ 2_________________
3_________________ 4_________________
5_________________ 6_________________

Bed ( ) Booth ( ) (Please check one) | Maximum Tanning Time (Mins.)______ | How many in the facility (#)________
Manufacturer: ___________________ Model: ______________________
Sales or Service Company Name:_____________________________
Address: _____________________________
____
Serial Number(s):
1_________________ 2_________________
3_________________ 4_________________
5_________________ 6_________________

Bed ( ) Booth ( ) (Please check one) | Maximum Tanning Time (Mins.)______ | How many in the facility (#)________
Manufacturer: ___________________ Model: ______________________
Sales or Service Company Name:_____________________________
Address: _____________________________
____
Serial Number(s):
1_________________ 2_________________
3_________________ 4_________________
5_________________ 6_________________