

# 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 - 3<sup>rd</sup> 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 PHOTSENSITIZING 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:

<p>Bed ( <input type="checkbox"/> ) Booth ( <input type="checkbox"/> ) (Please check one)</p> <p>Manufacturer: _____ Model: _____</p> <p>_____</p> <p>Sales or Service Company Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p>Maximum Tanning Time (Mins.) _____</p>	<p>How many in the facility (#) _____</p>
<p>Serial Number(s):</p> <p>1 _____ 2 _____</p> <p>3 _____ 4 _____</p> <p>5 _____ 6 _____</p>		
<p>Bed ( <input type="checkbox"/> ) Booth ( <input type="checkbox"/> ) (Please check one)</p> <p>Manufacturer: _____ Model: _____</p> <p>_____</p> <p>Sales or Service Company Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p>Maximum Tanning Time (Mins.) _____</p>	<p>How many in the facility (#) _____</p>
<p>Serial Number(s):</p> <p>1 _____ 2 _____</p> <p>3 _____ 4 _____</p> <p>5 _____ 6 _____</p>		
<p>Bed ( <input type="checkbox"/> ) Booth ( <input type="checkbox"/> ) (Please check one)</p> <p>Manufacturer: _____ Model: _____</p> <p>_____</p> <p>Sales or Service Company Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p>Maximum Tanning Time (Mins.) _____</p>	<p>How many in the facility (#) _____</p>
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