



Tanning Facility Registration Application

Howard County Board of Health regulations require tanning facility owners in Howard County to submit a registration form and a registration fee (annually) for each tanning facility they operate and/or within thirty (30) days of acquiring ownership. Tanning devices registered to different persons at the same location and devices registered to the same person, but at separate locations, are separate tanning facilities (Regulation .04(f)).

Instructions: Please check the required boxes, completely fill out this form, and submit to the Health Department.

NEW RENEWAL

FACILITY NAME		PHONE # w/ area code	
FACILITY ADDRESS			
	<i>Street number & Street name</i>	<i>City & State</i>	<i>Zip Code</i>

OWNER OR CORPORATION NAME		PHONE # w/ area code	
OWNER OR CORPORATION ADDRESS			
	<i>Street number & Street name</i>	<i>City & State</i>	<i>Zip code</i>

IF CORPORATION, LIST NAME & PHONE # OF RESIDENT AGENT

Name: _____ Phone #: _____

BUSINESS INFO		
	<i>List the hours & days facility is open for business</i>	<i>List the number of trained full/part-time attendants</i>

Do you provide a bathroom for customer use or have a Health Officer waiver on file (Regulation .08)? YES NO

Do you provide employees with training recognized by the tanning industry that at a minimum includes the following topics: the operation and maintenance of equipment and safety aids; need and use of protective eyewear; skin typing; identification of potential photosensitizing drugs and other factors used to determine a customer's exposure time; UV radiation and its effect on the skin and eyes; and applicable state and federal laws and regulations pertaining to the operation and use of a tanning device including 21CFR1040.20 (Regulation .17)? YES NO

Have you listed all tanning devices at this facility on Side 2 of this registration application? YES NO

I, [the undersigned], have carefully examined and read this application and the Board of Health regulations governing tanning facilities and certify that the information provided in this registration application is true and correct. By signing this registration, I agree to permit the Howard County Health Department to inspect the premises listed during operating hours for determination of compliance with the Board of Health regulations.

Signature of Registrant	Printed Name & Title	Date (MM/DD/YYYY)

<p>Make check/money order (no cash) payable to: DIRECTOR OF FINANCE</p> <p>Send completed application and registration fee (\$65 new; \$40 renewal) to: HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH – COMMUNITY HYGIENE PROGRAM 8930 Stanford Blvd. Columbia, MD 21045</p> <p style="text-align: center;">410-313-1773</p>	<p><i>For Office Use Only</i></p> <p>Amount Paid: Check/MO #: Date Filed: Date Expires: Receipt #: Registration #:</p>
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