



Brenda Fitzgerald, MD, Commissioner

Nathan Deal, Governor

2 Peachtree St NW, 15th Floor
Atlanta, Georgia 30303-3142
www.health.state.ga.us

TANNING FACILITY REGISTRATION APPLICATION

Return this Completed Application and Payment To:

Georgia Department of Public Health
Division of Public Health, Environmental Health Branch
2 Peachtree St. NW – 13th Floor
Atlanta, GA 30303

Application Date: _____

Facility Registration Requirements:

- The facility registration fee (\$25 for the facility and an additional \$15 for each tanning device) is required *at the time of application*.
- The Department will not prorate the registration fee. Facilities must pay the appropriate renewal fee each year to receive a registration certificate.
- Owners must also identify each type of ultraviolet lamp used in the facility's tanning devices. The manufacturer and model number shall be recorded on the application.
- All facilities registration certificates will expire on January 1, 2012, and will be renewed annually.

PLEASE PRINT IN BLOCK LETTERS OR TYPE

Facility Name (As it appears on business license or corporate documents)	
Facility Street Address	
Facility City, State, Zip Code	
Facility County	
Facility Phone / Fax	
Facility Website	
Billing Name (owner or corporation name to be billed)	
Billing Street Address	
Billing City, State, Zip Code	
Owner's Full Name	
Owner's Street Address	
Owner's City, State, Zip Code	
Owner's Phone / Fax	

Tanning Device(s) at the Facility:

Check (Y/N)	Type of Device(s)	Quantity
	Tanning Beds	
	Tanning Booths	
	Other Devices	

Total Number of Devices: _____

Complete the table below with manufacturer and model of each type ultraviolet lamp used in the facility. Attach an additional sheet if you require more space.

Manufacturer	Model #

If needed, please include additional sheets listing lamp information.

Payment Requirements: This application will not be accepted unless the registration payment is attached.

Reminder: Payment Amount = (Total # of Device(s) x \$15/device) + \$ 25/facility

Payment Amount Enclosed: \$ _____

Make check or money order payable to GA DPH, Environmental Health; do not send cash.

Please check the appropriate box and provide the check or money order #.

Check Enclosed Check # _____

Money Order Enclosed Money Order # _____

Mail the original, fully completed application and the facility registration fee to:

Georgia Department of Public Health, Division of Public Health

Environmental Health Branch, 13th Floor

Two Peachtree Street, NW - Atlanta, GA 30303

The undersigned hereby applies for a registration to establish, operate and/or maintain a Tanning Facility pursuant to the Georgia Health Code Title 31-38-4.1.

SIGNED	DATE