



State of Florida
Department of Health
Tanning Facility Application
Authority: Chapter 381, Florida Statute

Identification #

Name of Facility: _____

Location: _____
Street City Zip Code

Owner's Name: _____

Owner's Address: _____
Street City, State Zip Code

Owner's Contact () _____ Business Contact () _____

Email _____

Numbers of each tanning device submitted _____ *yes* _____ *no*

Copy of operation and safety procedures submitted _____ *yes* _____ *no*

of Tanning Beds _____ *# of Booths* _____ *# of other devices* _____ *Total # of devices* _____

Insurance _____ *Yes* _____ *No*

Name of Insurance Company _____ *Policy Number* _____

Limits of Liability _____

Is this a mobile unit? _____ *yes* _____ *no*

Floor Plan Submitted _____

Equipment information (please complete page 2 of application)

<i>Payment received</i> \$110.00
Date: _____
CC/Check/Cash _____
Rec. no. _____