



**APPLICATION FOR PERMIT TO OPERATE A
INDOOR TANNING ESTABLISHMENT**

FEES: \$100 NEW \$ 75 RENEWAL PAID: _____ DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ EMAIL: _____

OWNER'S NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ MANAGER: _____

LIST OTHER SERVICES: _____

DAYS/HOURS OF OPERATION: _____

WATER SUPPLY: ___ PUBLIC ___ PRIVATE SEWER SYSTEM: ___ PUBLIC ___ PRIVATE

NUMBER OF BEDS: _____ NUMBER OF EMPLOYEES: _____

I understand that a representative of the Weber-Morgan Health Department must perform periodic inspections in order to maintain this permit, and that this permit may be suspended or revoked for non-compliance with the Weber-Morgan Body Art Establishment Regulations.

APPLICANT SIGNATURE: _____ DATE: _____