



**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: \_\_\_\_\_**