

INSTRUCTIONS

Print or type the requested information. Determine the correct fee. Make your check payable to the New York State Department of Health. Mail this completed form and your check along with a completed Application for a Permit to Operate (DOH-3915) to the appropriate Department of Health Office within 30 days of receipt of this form.

Fee Exemption Request?

- Yes
If Yes, complete sections A, C and D below and return.
- No

For Office Use Only

Cashline # _____

Amount \$ _____

Received by _____

Section A

1a. Name of Establishment _____

b. Address _____
NO. and STREET, CITY, STATE, ZIP

2. Type of Facility Tanning Only Salon/Spa Fitness Other

3. Name of Operator _____ Title _____

Section B

Basic Fee

Indicate the number of tanning devices in the facility, then multiply the number of devices by \$50.

DRAFT

Number of tanning devices _____ X \$50 = \$ _____

Add a \$30 registration fee for a two-year registration period beginning January 1. For registration periods of less than two years, add a prorated registration fee at the rate of \$1.25 per month or portion of a month thereof. \$ _____

Total Fee Due: \$ _____

Section C – Exemption Request

1. Is this facility used for religious, educational or philanthropic purposes? Yes No

2. Is this facility operated by an municipality (city, town, village)? Yes No

3. If the answer to questions 1 or 2 is "Yes" you may request exemption from payment of the annual registration fee. Please indicate documentation that will be available upon inspection request.

- Incorporation Papers
- Other (specify) _____

Section D – Certification

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

Signature of Operator _____ Date _____