



Application for a Permit Indoor Tanning Facility

This permit is required and must be issued by the New York City Department of Health and Mental Hygiene for any operation or establishment where one or more ultraviolet (UV) radiation devices are used, offered or made available for use, and for which a fee is charged either directly or indirectly. This includes, but is not limited to: tanning parlors and salons, hair and nail salons, gymnasias and health establishments, apartment houses, condominiums, country clubs, or hotels.

This permit does not apply to facilities where UV radiation devices are used by a qualified health professional to treat a medical condition.

New Permit application fee: \$30.00
Inspection fee: \$50 per UV Device

Biannual Renewal fee: \$30.00
Biannual inspection fee: \$50.00 per UV device

You may apply online or in person.

Apply On-Line

1. Gather all supporting documentation that must be submitted along with the application (see *Supporting Document Checklist*).
2. Create electronic versions of your supporting documents
3. Go to www.nyc.gov/healthpermits, select the permit for which you are applying and review the prerequisites and required supporting documents.
4. Select Apply Online and you will register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

Apply In Person

1. Obtain an application packet by:
 - a. Calling 311 and asking for *Apply for an Indoor Tanning Facility* permit.
 - b. Download application forms and instructions from www.nyc.gov/healthpermits.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Document Checklist* below).
3. Complete the Application for a Permit form and any required Supplemental Forms.
4. Submit the Application form, Supplemental Forms, and all supporting documents, along with payment, to:

DCA Licensing Center
42 Broadway, 5th floor
Manhattan
Hours: M, Tu, Th, Fr: 9 am – 5 pm; We: 8:30 – 5 pm
5. Payment Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)

Read the following sections thoroughly.



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A. Important Information – *Read the Following Before You Apply for a Permit*

- Relevant Health Code Sections
<http://www.nyc.gov/html/doh/downloads/pdf/about/healthcode/health-code-article177.pdf>

B. Application information that will be requested

1. All applicants must comply with all requirements outlined in Article 177 of the NYC Health Code about the equipment and operating requirements to secure this permit.
2. All applicants submitting in person must complete a standard **Application for Permit** (attached) from the NYC Department of Health and Mental Hygiene.
3. Make, Model and serial number of all indoor tanning devices used within the permitted facility. See **Supplemental Form, Section 2, UV Radiation Device Manifest** (attached).
4. A valid e-mail address is required to apply online.

If you have questions about the requirements for this permit, call the NYC Department of Health and Mental Hygiene, Office of Public Health Engineering, (347) 396-6001.



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Checklist of Required Documentation for All New DOHMH Permit Applications

(Check individual permit guidelines (see Instructions) for additional permit-specific required documentation).

Items Needed <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	Legal Business Structure		
	Individual	Partnership	Corporation or LLC
Permit Application <ul style="list-style-type: none"> All applicable sections completed Supplemental Form(s) if applicable Signed by applicant (example: owner, officer, director or shareholder) 	✓	✓	✓
Permit Fee <ul style="list-style-type: none"> See list of permit fees Credit card, money order or check payable to "DOHMH" Not-for-profits: no fee if proof of status is submitted (see below) 	✓	✓	✓
Proof of Home Address (one of the following) <ul style="list-style-type: none"> Valid driver's license or non-driver ID Current lease or mortgage statement Utility bill, bank or credit card statement dated within the last 90 days "Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name 	✓	✓ (needed for partnership of individuals only)	
Photo Identification One government-issued ID with photo, such as: <ul style="list-style-type: none"> Driver's license or non-driver ID Alien Registration Card or Naturalization Certificate U.S. or foreign passport 	✓	✓	✓
Proof of Sales Tax Collecting Authority <ul style="list-style-type: none"> Valid original NYS Certificate of Sales Tax Authority <i>Obtain at http://www.nys-opal.com. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.</i> 	✓	✓	✓
Proof of Incorporation <ul style="list-style-type: none"> Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State. <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.</i> 		✓ (needed for partnership of corporations or LLCs only)	✓
Workers' Compensation & Disability Insurance Coverage <ul style="list-style-type: none"> Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is <i>NOT</i> required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See http://www.wcb.ny.gov. List DOHMH as the certificate holder (not the policy holder) 	✓	✓	✓
Payment of Outstanding Fines for DOHMH Violations (if any) <ul style="list-style-type: none"> <u>Certified</u> check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card 	✓	✓	✓
Proof of Not-for-Profit Status (if applicable)* <ul style="list-style-type: none"> Letter from the IRS stating not-for-profit status* 		✓	✓
Power of Attorney or Authority to Act Affidavit (if applicable) <ul style="list-style-type: none"> If someone else will turn in the application for you 	✓	✓	✓



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Instructions for Completing an Application Form

New York City Health Code, Section 3.19 states: "No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department."

NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted. Applicants must be at least 18 years of age.

Complete all sections of the application. If completing it by hand, please use ink and write in CAPITAL LETTERS.

1. License or Permit Name

- Enter the name of the permit or license you want to obtain. Example: Indoor Tanning Facility

2. Section A

- Enter the individual owner's name, or all partners' names or corporation name in the box labeled "Name of Corporation, partnership or individual owner" (the permit will be issued to the corporation, partnership or person named here)
- Enter the name of the establishment in the space labeled "Trade Name/DBA"
- Provide the address where the establishment will be located. Please include in the space labeled "Premises Location" the floor, booth number, or store number where the establishment is to be located.
- Enter the establishment's telephone, fax and the email address (if any). All correspondence sent by email will be sent to this address.
- Provide your date of birth, if applying as an individual

3. Section B

- Enter the date you expect to start operating.

4. Section C

- Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN. If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)

5. Section D

- Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.

6. Section E

- Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation

7. Section F

- All applicants must complete the Workers' Compensation and Disability Insurance information requested and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board, indicating the Board received a sworn affidavit stating that such coverage is not required. An application for a permit will not be accepted without this information and proof

8. Signature

- Sign the application.
 - *Note: the person who signs the Application must be named in Section E.*
- Enter the title and telephone number of the person who signed the Application for Permit
- Indicate whether the applicant is 18 years of age or older.

STANDARD APPLICATION FOR NEW LICENSE OR PERMIT



FOR OFFICE USE								
CAMIS/RECORD NUMBER					LICENSE/PERMIT			
					TYPE		FEE CLASS/ SUBCLASS	
					H			
EXPIRATION DATE					FEE AMOUNT	DOLLARS		CENTS
MO	DAY	YEAR						
					▶			

APPLICATION DATE		
MONTH	DAY	YEAR

NAME OF LICENSE/PERMIT (For detailed instructions and information about what is required to apply for this permit, please go to www.nyc.gov/healthpermits)
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IMPORTANT: Please type or print legibly in ink using capital letters. Allow spaces between completed words or numbers. Standard abbreviations are permitted. All section must be completed in ink.

SECTION A – NAME, ADDRESS AND CONTACT INFORMATION OF ENTITY TO WHICH LICENSE/PERMIT IS TO BE ISSUED				
READ CAREFULLY: Enter the corporate name and location of business establishment. If not incorporated, enter your name(s) and location of business establishment.				
NAME OF CORPORATION, PARTNERSHIP, PARTNERS OR INDIVIDUAL OWNER (Last Name First)			TELEPHONE NUMBER	
			(AREA CODE)	
TRADE NAME/Doing Business As (DBA)			FAX NUMBER	
			(AREA CODE)	
BUILDING NUMBER	STREET		PREMISES LOCATION (FLOOR, STORE #, BOOTH #)	
CITY OR TOWN		STATE	ZIP CODE	E-MAIL ADDRESS
DATE OF BIRTH (If applying as an individual)	MONTH	DAY	YEAR	OPTIONAL
				GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female
Language Preference for Inspections: If the permit you are applying for requires an inspection by the Department of Health and Mental Hygiene, do you prefer that this inspection be conducted in, or translated to, a language other than English? ___ No ___ Yes If "yes" that language is _____.				
<input type="checkbox"/> I agree to receive all official notices from the Department of Health only by email at the email address provided in this application form. An official notice is any correspondence from the Department of Health that requires a response by a date certain. These include, but are not limited to, permit or license renewal notices; notices of fines or fees owed; collection letters and Dunning Notices, and Notices of Violations.				
<input type="checkbox"/> I would like to receive Department of Health publications, including information about new regulations, newsletters, fact sheets and other educational material, only by email at the email address provided in this application form.				

SECTION B – DATE EXPECTED TO OPEN/START OPERATING		
MONTH	DAY	YEAR

SECTION C – NYS SALES TAX ID#

SOCIAL SECURITY NUMBER (If applying as an individual)

ITIN NUMBER (If no SSN and applying as an individual)

SECTION D – MAILING ADDRESS, IF DIFFERENT FROM PERMITTED/LICENSED ESTABLISHMENT’S ADDRESS (INCLUDE APARTMENT #, PO BOX #)		
STREET ADDRESS		
CITY OR TOWN	STATE	ZIP CODE

CITYWIDE LICENSING CENTER – DEPARTMENT OF HEALTH AND MENTAL HYGIENE – 42 BROADWAY, NEW YORK, NY 10004

SECTION E – LIST NAMES (LAST, FIRST) OF OWNER – PARTNER – CORPORATE OFFICERS

1	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
2	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
3	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE
4	NAME		PHONE NUMBER	E-MAIL ADDRESS	TITLE
	ADDRESS	STREET	CITY	STATE	ZIP CODE

SECTION F

ALL APPLICANTS (EXCEPT THOSE APPLICANTS FOR A MOBILE FOOD VENDING LICENSE, TATTOO LICENCE OR A HORSE LICENSE) MUST COMPLETE THIS SECTION REQUESTING WORKERS' COMPENSATION AND DISABILITY BENEFITS INSURANCE INFORMATION AND PROVIDE COPIES OF PROOF OF CURRENT INSURANCE IF IT IS REQUIRED.

YOUR APPLICATION FOR A PERMIT WILL NOT BE ACCEPTED IF YOU DO NOT COMPLETE THIS SECTION AND PROVIDE THIS INFORMATION AND PROOF IF YOU ARE REQUIRED TO HAVE THIS INSURANCE.

Please check the appropriate box:

The business described in this application has Workers' Compensation and Disability Benefits Insurance as identified below:

Workers' Compensation Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

Disability Benefits Insurance Carrier: _____ Policy #: _____ Expiration Date: _____

OR

Form CE-200 was submitted to the Worker's Compensation Board stating such coverage is not required for this business and a copy with the New York State-assigned Exemption Certificate Number is attached.

Certificate Number: _____ Issuance Date: _____

Form CE-200 attesting to an exemption of this requirement can be found at <http://www.wcb.ny.gov>

Legal reasons for an applicant to qualify for this exemption are listed on Form CE-200. Please review Form CE-200 to see if your business qualifies for this exemption and is not required to obtain Workers' Compensation and Disability Benefits Insurance.

By signing this application for a permit, I agree that I will comply with provisions of the Health Code and other laws that apply to the permitted activity, and that all the statements made in this application are true and complete. Making a false statement is an offense punishable by fines, imprisonment or both. (NYC Administrative Code § 10-154.) SIGN HERE	TITLE	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
	SIGNATURE OF BUSINESS OWNER, PARTNER, OR CORPORATE OFFICER	

ARE YOU REGISTERED TO VOTE?
 If not, you may request a Voter Registration form when you submit your application, or you can access www.nycctfb.info/register tovot e online.



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Supplemental Form – (Required)

1. Hours of Operation		
	Opening Time	Closing Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

2. UV Radiation Device Manifest List (List <i>every device</i> you have on your premises)					
	Manufacturer	Model Name/Number	Serial Number	Bed/Booth/Other	Device location
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

* If necessary, print an additional copy of this form to list additional devices.