

Allegany County Department of Health
 7 Court Street, Belmont, New York 14813
 Telephone: (585) 268-9266
 Fax: (585) 268-9712

**Tanning Facilities Program
 Fee Determination Schedule**

FOR OFFICE USE ONLY
Cashline#
Amount \$
Received by

Instructions

Print the requested information. Determine the correct fee.
 Mail this completed form along with your Check and a completed Application for Permit to Operate (ACDOH-101) within 30 days of receipt of this form.
 Make your check or money order payable to:
 Allegany County Department of Health.
 A \$25.00 fee will be charged for a returned check.

Section A- Facility

1a. Facility Name: _____

b. Facility Address: _____
(No. and Street, City < State, Zip)

c. County: _____

2. Name of Operator: _____

3. Type of Facility: Tanning Only Salon/Spa Fitness Other

Section B- Basic Fee (Two-Year Registration Period)

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

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

Add a \$120 registration fee \$ _____

TOTAL FEE DUE \$ _____

Section C- Certification

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

Signature of Operator: _____ Date: ____ / ____ / ____