



Uintah County
133 S. 500 E.
Vernal, UT 84078
P: (435) 247-1160
F: (435) 781-0537

Duchesne County
409 S. 200 E.
Roosevelt, UT 84066
P: (435) 722-6310
F: (435) 722-6610

APPLICATION FOR INDOOR TANNING BED FACILITY PERMIT (\$350.00)

(IF THIS IS A NEW FACILITY YOU WILL ALSO NEED TO APPLY FOR A PLAN REVIEW)

Facility Name: _____	
Street Address: _____	
Mailing Address (If different from street address): _____	
Facility Phone #: _____	Alternate Phone #: _____
Name of Legal Owner: _____	
Is the Legal Owner an: ___ Individual ___ Partnership ___ Corporation ___ Association ___ Other: _____	
Provide the name of all individuals comprising legal ownership and their mailing addresses: (attach additional pages if needed)	

Name of Person Applying for Permit: _____ Birth Date: _____	
Phone #: _____ What is your relationship to this establishment? _____	

1. Number of tanning beds: _____
2. Type of tanning beds: _____
3. Days and hours of operation: _____
4. What entity issued your business license? _____

(Please indicate name of city or county entity)

I hereby certify to the best of my knowledge, the foregoing information is correct. I agree to abide by Utah Administrative rule R392-700 Indoor Tanning Bed Sanitation. I understand that this permit is revocable for non-compliance with health department rules and regulations. The health department will be allowed inspection access to the establishment and establishment records. I understand that this permit is non-transferable.

Applicant's Signature: _____ Date: _____

HEALTH DEPARTMENT USE ONLY		Date Received: _____	Amount Paid: _____
Receipt #: _____	Received By: _____		
Approval Signature: _____	Date: _____		

