



TANNING FACILITY REGISTRATION APPLICATION

**Return this completed application
to: environmentalhealth@dph.ga.gov**

Application Date: _____

Facility Registration Requirements:

- The facility registration fee (\$25 for the facility and an additional \$15 for each tanning device) is required *at the time of application*.
- The Department will not prorate the registration fee. Facilities must pay the appropriate renewal fee each year to receive a registration certificate.
- Owners must also identify each type of ultraviolet lamp used in the facility’s tanning devices. The manufacturer and model number shall be recorded on the application.
- Registration certificates will expire every year on January 1st and must be renewed annually.

PLEASE PRINT CLEARLY OR TYPE

Facility Name (As it appears on business license or corporate documents)	
Facility Street Address	
Facility City, State, Zip Code	
Facility County	
Facility Phone	
Facility Website	
Company Email Address	
Billing Name (owner or corporation name to be billed)	
Billing Street Address (leave blank if same as facility address)	
Billing City, State, Zip Code	
Owner’s First Name	
Owner’s Last Name	

Tanning Device(s) at the Facility:

Check (Y/N)	Type of Device(s)	Quantity
	Tanning Beds	
	Tanning Booths	
	Other Devices	

Total Number of Devices: _____

Complete the table below with manufacturer and model for each type of ultraviolet lamp used in the facility. Attach an additional sheet if you require more space.

Manufacturer	Model #

If needed, please include additional sheets listing lamp information.

This application will not be processed until the registration payment is received.

Online payment portal: www.dph.georgia.gov/tanning (credit and debit cards accepted)

Payment Amount = (Total # of Device(s) x \$15/device) + \$ 25/facility

Payment Amount: \$ _____

AUTHOR. #: _____ *Note: Can be found in emailed receipt from online payment.*

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The undersigned hereby applies for a registration to establish, operate and/or maintain a Tanning Facility pursuant to the Georgia Health Code Title 31-38-4.1.

SIGNED	DATE