

# TANEY COUNTY HEALTH DEPARTMENT

## TANNING ESTABLISHMENT HEALTH PERMIT APPLICATION

320 Rinehart Rd., Branson, MO 65616

417-334-4544 EXT. 247

417-336-9604 FAX



**Application must be completed and emailed to EHS@taneycohealth.org a minimum of 10 days prior to opening.**

BUSINESS CONTACT INFORMATION		
Establishment Name:	Establishment Address:	Date:
Establishment Phone:	Establishment Fax:	Square Footage:
Establishment E-mail:		<input type="checkbox"/> New Construction proposed opening date: _____ <input type="checkbox"/> Re-opening/Remodel <input type="checkbox"/> Location Change <input type="checkbox"/> Change of Ownership <i>All new tanning salons shall obtain a special use permit approval from the Planning and Zoning Commission and the Board of Alderman.</i>
Name of Owner:	Owner Phone:	
Owner Mailing/Billing Address:		
Owner E-mail:		
Plans/applications have been submitted to the following authorities on the following dates: _____ City of Hollister _____ Taney County Health Department _____ Planning and Zoning/Commission (new)	<u>Fee Schedule</u> Pre-Open Inspection Fee: \$100.00 Annual Health Permit Fee: \$100.00 First Re-inspection: Free Additional Re-Inspections: \$25.00	
BUSINESS HOURS AND INFORMATION		
Hours of Operation:	<input type="checkbox"/> Thursday _____ am/pm to _____ am/pm <input type="checkbox"/> Friday _____ am/pm to _____ am/pm <input type="checkbox"/> Saturday _____ am/pm to _____ am/pm <input type="checkbox"/> Sunday _____ am/pm to _____ am/pm	
<input type="checkbox"/> Monday _____ am/pm to _____ am/pm	<input type="checkbox"/> Tuesday _____ am/pm to _____ am/pm	<input type="checkbox"/> Wednesday _____ am/pm to _____ am/pm
Number of tanning beds:	Number of booths:	Patron register on premise: <input type="checkbox"/> Yes <input type="checkbox"/> No
Each bed equipped with a remote timer control system <input type="checkbox"/> Yes <input type="checkbox"/> No		Timers tested on an annual basis: <input type="checkbox"/> Yes <input type="checkbox"/> No
Correct signage posted at each tanning bed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Attendant on duty during all hours of operation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Disinfectant used to clean bed after use: <input type="checkbox"/> Yes <input type="checkbox"/> No		Protective eyewear provided for all patrons: <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURES		
Owner Signature:		
Owner Name (print):	Date:	
EPHS Signature:		
Approval Date:		