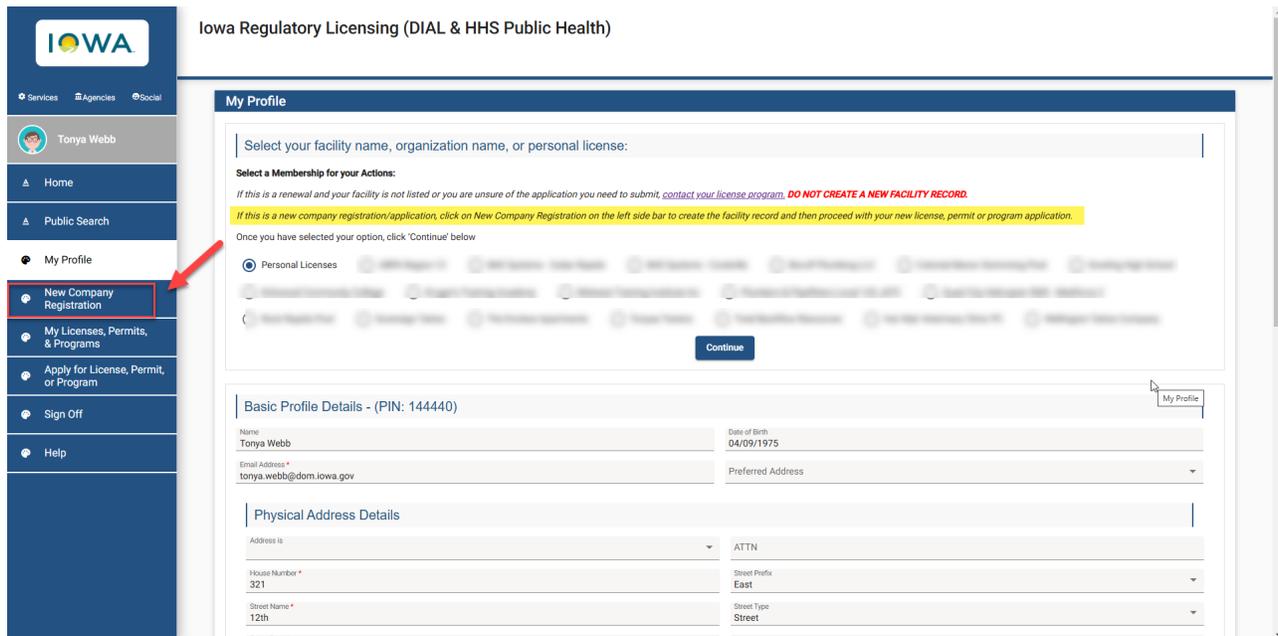


INSTRUCTIONS TO APPLY FOR NEW TANNING FACILITY PERMIT

Once you sign in to the Public Portal, your screen should appear as follows. You will be on your My Profile screen.

If you need to create a New Company or enter an existing company for the first time, click on New Company Registration. (If you never been registered for the license type you are applying for)

IF THIS IS A RENEWAL STOP AND CALL YOUR LICENSE PROGRAM



Iowa Regulatory Licensing (DIAL & HHS Public Health)

My Profile

Select your facility name, organization name, or personal license:

Select a Membership for your Actions:

If this is a renewal and your facility is not listed or you are unsure of the application you need to submit, contact your license program. **DO NOT CREATE A NEW FACILITY RECORD.**

If this is a new company registration/application, click on New Company Registration on the left side bar to create the facility record and then proceed with your new license, permit or program application.

Once you have selected your option, click 'Continue' below

Personal Licenses

Continue

Basic Profile Details - (PIN: 144440)

Name: Tonya Webb Date of Birth: 04/09/1975

Email Address: tonya.webb@dom.iowa.gov Preferred Address:

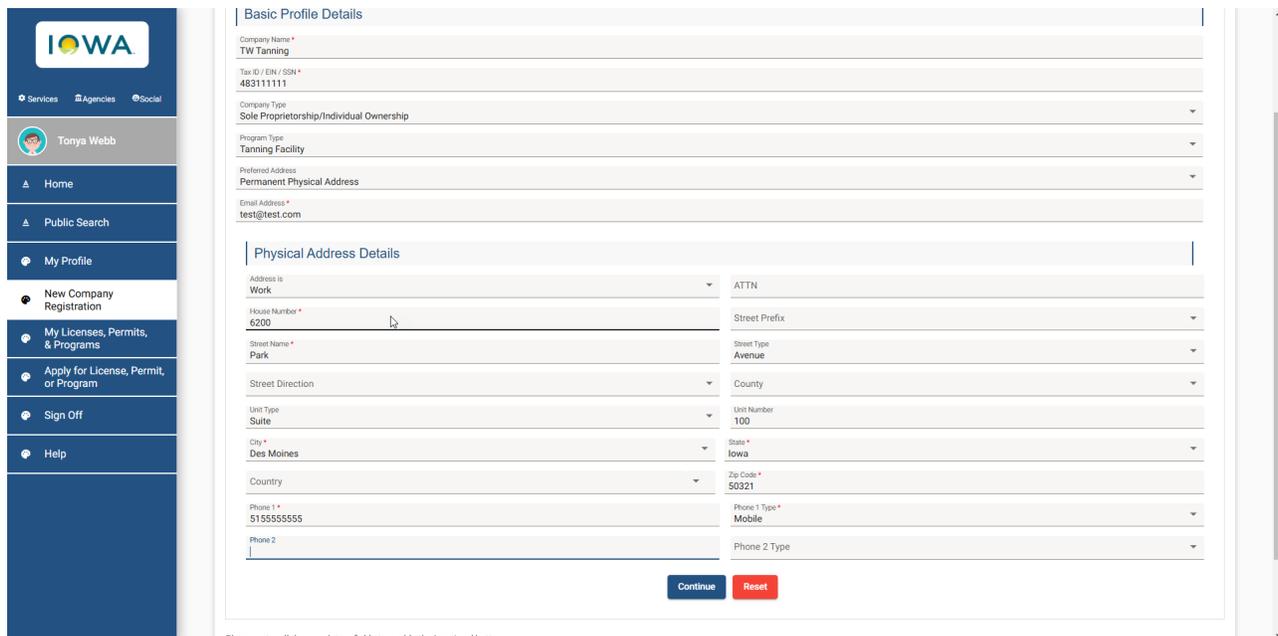
Physical Address Details

Address ID: ATTN:

House Number: 321 Street Prefix: East

Street Name: 12th Street Type: Street

Enter company and address details. Scroll down and click on Continue. Your screen should appear as follows:



Basic Profile Details

Company Name: TW Tanning

Tax ID / EIN / SSN: 483111111

Company Type: Sole Proprietorship/Individual Ownership

Program Type: Tanning Facility

Preferred Address: Permanent Physical Address

Email Address: test@test.com

Physical Address Details

Address ID: Work ATTN:

House Number: 6200 Street Prefix:

Street Name: Park Street Type: Avenue

Street Direction: County:

Unit Type: Suite Unit Number: 100

City: Des Moines State: Iowa

Country: Zip Code: 50321

Phone 1: 5155555555 Phone 1 Type: Mobile

Phone 2: Phone 2 Type:

Continue Reset

Please enter all the mandatory fields to enable the 'continue' button

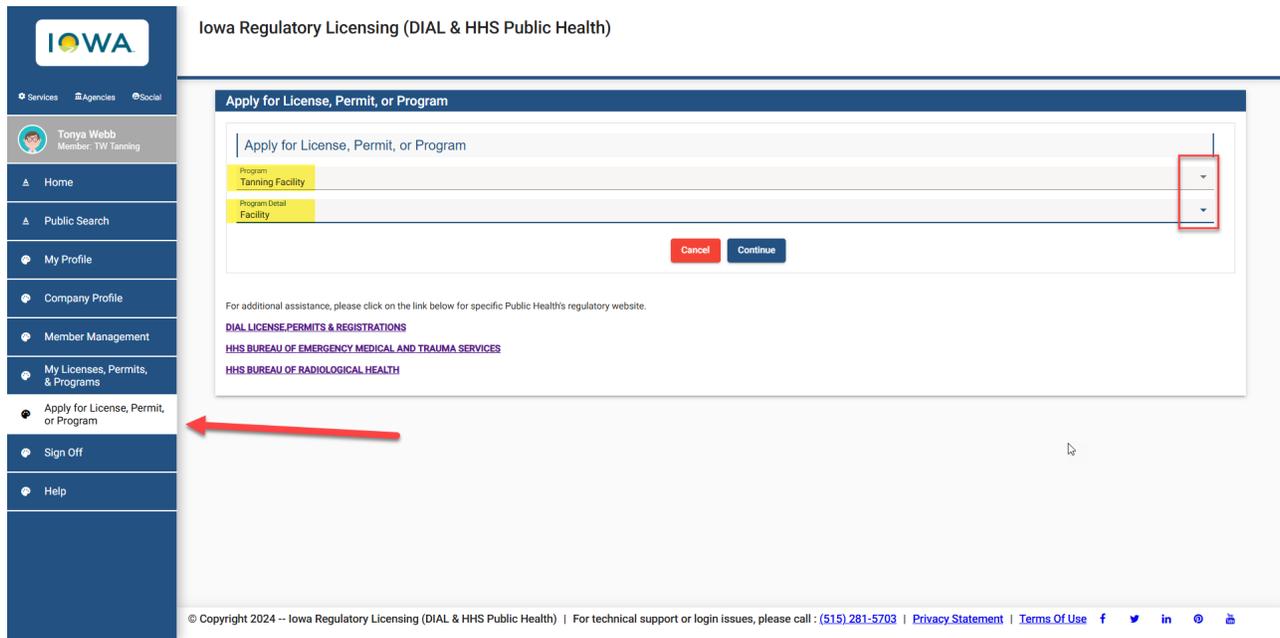
COMPANY IS CREATED

You can now Apply for a License Permit, or Program for the business

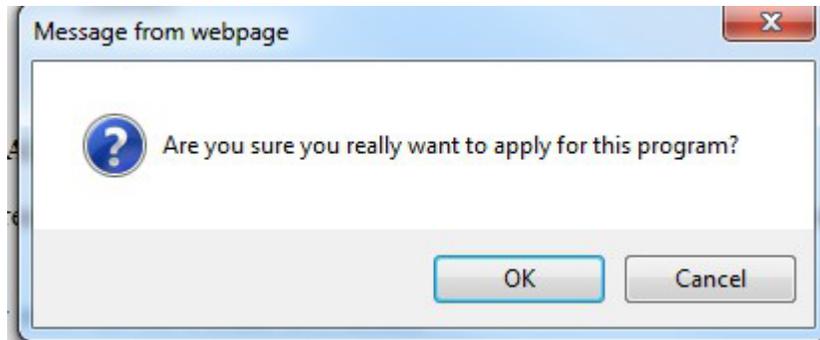
Program: Select Tanning Facility

Program Detail: Select Facility

Click Continue



Click OK on the pop up box



Complete the Application Form:

Affirmation

24 Hour/Electronic Tanning

Tanning Facility Training

Current Iowa Permit/Registration Number

(these sections should be automatically expanded for you to see all the questions)

Application Form

Tanning Facility - Facility

Applicant: Tonya Webb
Facility: TW Tanning

Application Form

- Affirmation
- 24 Hour/Electronic Tanning
- Tanning Facility Training
- Current Iowa Permit/Registration Number

Attachments

1. To add an attachment, click 'Add New Attachment.' Please ensure your filename does not include any periods or symbols.
2. Fill in details of your attachment and choose a file to upload.
3. Click 'Upload Attachments' to upload your file.

Attachment Description

Items per page: 5 0 of 0

Add New Attachment Upload Attachments

Cancel Continue

Scroll down
Click Continue **Note:** If you click on Cancel button application will cancel completely.

Click OK

Are you sure you really want to submit all application form?

Ok Cancel

Complete the Process Free Form Description – Tanning Facility Application Review

Process Free Form Description - Tanning Facility Application Review

Tanning Facility Contact List

Contact type *	Salutation	Contact First Name	Contact Last Name	Contact Phone Number	Contact Email Address	License Number	Business Name	Street Address	City	State	Zip Code	Contact
<ul style="list-style-type: none"> Please click Save after entering each row. Just clean all fields if you do not need a specific row or new added row. 												

Items per page: 25 0 of 0

Tanning Managers

Manager	Monitored Manager Exam Date *	Manager Exam Expiration Date	Application Form Supplemental
<ul style="list-style-type: none"> Please click Save after entering each row. Just clean all fields if you do not need a specific row or new added row. 			

Items per page: 25 0 of 0

Tanning Device Information

Type *	Manufacturer of device *	Manufacture Date (Year) *	Tanning Device Identifier
<ul style="list-style-type: none"> Please click Save after entering each row. Just clean all fields if you do not need a specific row or new added row. 			

Items per page: 25 0 of 0

Tanning Facility Contact List – must list minimum of one manager and one owner (can be the same

person)

Click ADD

Complete all mandatory information

Click Save

Repeat if you need to add more contacts

Tanning Managers

Click ADD

Select the manager from the drop down menu

Select the date the took the manager exam

Click Save

Repeat if you need to add more managers

Tanning Device Information

Click ADD

Select device type

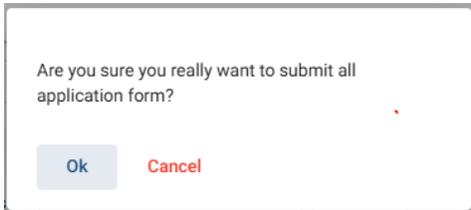
Type in manufacturer name

Type in the manufacturer year

Click Save

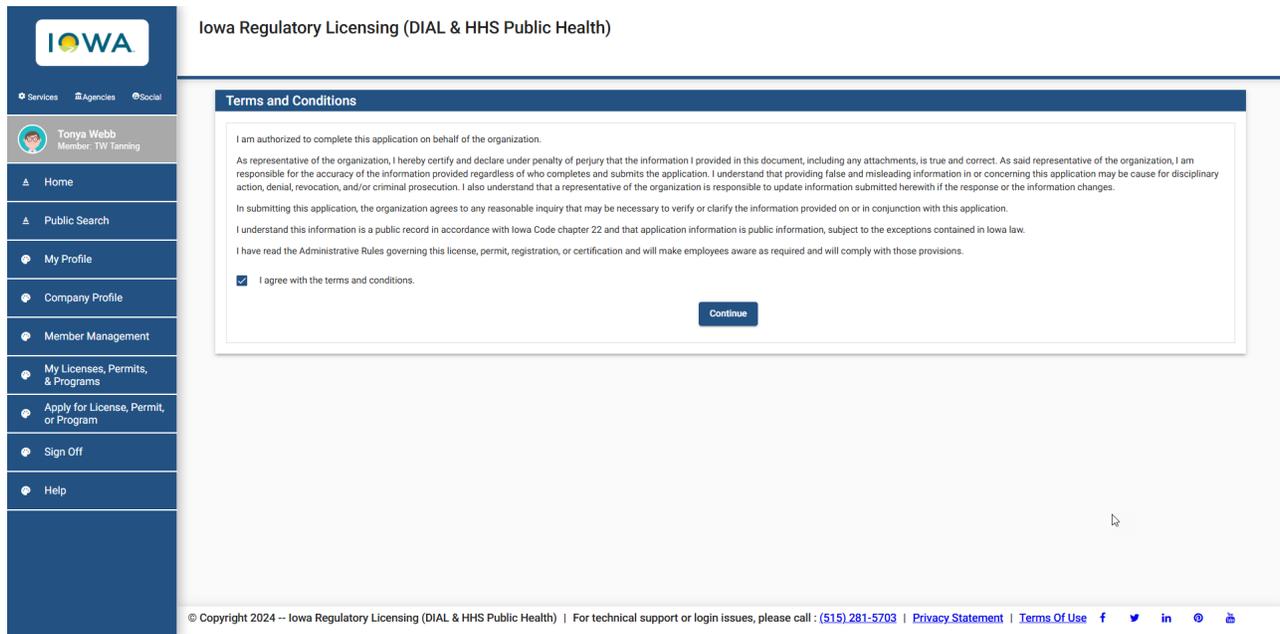
Click on Continue

Click OK



Accept Terms and Conditions by reading the full description.

If you agree with the Terms and Conditions, select the check box and click on Continue.

A screenshot of a web application interface. On the left is a dark blue sidebar with the Iowa logo at the top, followed by navigation links: Services, Agencies, Social, a user profile for Tonya Webb (Member: TW Tanning), and a list of menu items: Home, Public Search, My Profile, Company Profile, Member Management, My Licenses, Permits, & Programs, Apply for License, Permit, or Program, Sign Off, and Help. The main content area is titled "Iowa Regulatory Licensing (DIAL & HHS Public Health)" and contains a "Terms and Conditions" section. The terms text includes: "I am authorized to complete this application on behalf of the organization.", "As representative of the organization, I hereby certify and declare under penalty of perjury that the information I provided in this document, including any attachments, is true and correct. As said representative of the organization, I am responsible for the accuracy of the information provided regardless of who completes and submits the application. I understand that providing false and misleading information in or concerning this application may be cause for disciplinary action, denial, revocation, and/or criminal prosecution. I also understand that a representative of the organization is responsible to update information submitted herewith if the response or the information changes.", "In submitting this application, the organization agrees to any reasonable inquiry that may be necessary to verify or clarify the information provided on or in conjunction with this application.", "I understand this information is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law.", "I have read the Administrative Rules governing this license, permit, registration, or certification and will make employees aware as required and will comply with those provisions." Below the text is a checked checkbox labeled "I agree with the terms and conditions." and a blue "Continue" button. At the bottom of the page, there is a footer with copyright information and social media icons.

Select **Pay Now** if you are ready to pay. Click **Pay Now** again on the proceeding screen. You will then be directed to the online payment system.
 If you are not ready to make a payment, or need to attach additional documentation, click the **(Note: your application is not considered submitted until payment is made.)**

On the Payment page, choose your **Payment Method** and fill out your payment details.
 Click **Continue** when you have entered your payment information.
 Click **Confirm** on the **Review Payment** page if the payment details are correct.

Make a Payment

My Payment

State of Iowa TEST site	Amount Due \$75.00
--------------------------------	---------------------------

Payment Information

Frequency One Time
Payment Amount \$75.00
Payment Date Pay Now

Contact Information

First Name	IDPH
Last Name	Test
Company	(Optional)
Address 1	321 E 12th Street
Address 2	(Optional)
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	US
Phone Number	8558244357
Email Address	email.email@mail.com

[Become a Registered User](#)

Payment Method

Payment Method	Select
-----------------------	--------

Continue [Cancel](#)

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the

Payment Details

Description	State of Iowa TEST site State of Iowa TEST site
Payment Amount	\$75.00
Payment Date	09/27/2017

Payment Method

Payer Name	IDPH Test
Card Number	****
Expiration Date	Aug-2018
Card Type	Visa
Confirmation Email	email.email@mail.com

Billing Address

Address 1	321 E 12th Street
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	United States

Contact Information

First Name	IDPH
Last Name	Test
Address 1	321 E 12th Street
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	50319
Country	United States
Phone Number	8558244357
Email Address	email.email@mail.com

Confirm [Back](#)

Confirmation

Please keep a record of your Confirmation Number, or [print this page](#) for your records.

Confirmation Number **IOWTST004926730**

[Payment Details](#)

Write down your Confirmation **Number** or **print this page** for your records.
 Click **Continue** at the bottom of the screen to be taken to your receipt.