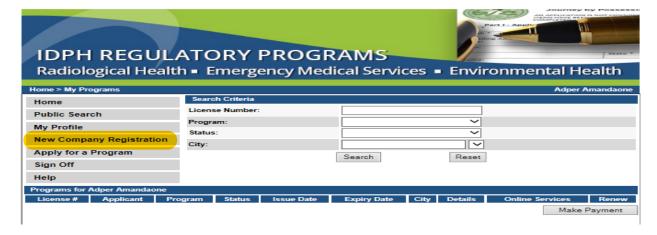# INSTRUCTIONS TO APPLY FOR TANNING FACILITY

Once you sign in to the Public Portal, your screen should appear as follows. Click on the **My Profile** button.
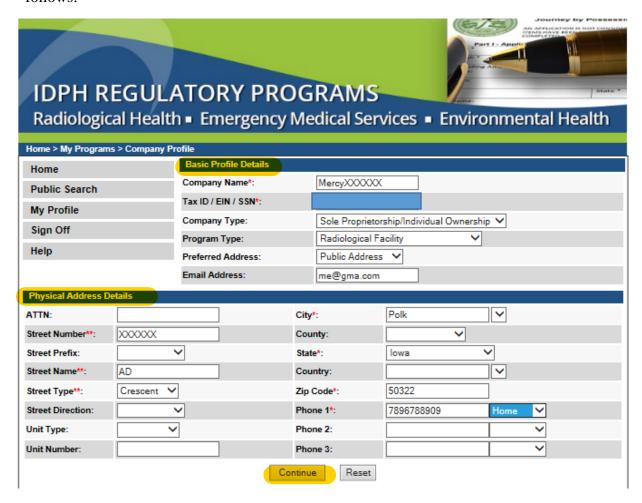
> ➢ If you want to create a New Company or enter an existing company for the **first time**, click on the **Continue Button (if you have never been registered for the license type you are applying for)**

> ➢ If you are already an existing company, the company name should be listed in the left-hand column. Select the particular company and click on **Continue.**

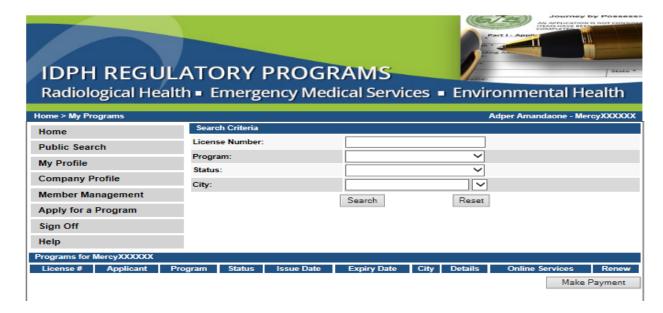If you want to create a Brand New Company or enter an existing company for the **first time**, click on **New Company Registration**. **(If you have never been registered for the license type you are applying for)**

Enter company and address details. Click on **Continue.** Your screen should appear as follows:

Once you click on **Continue,** it opens the following screen. Click on **Apply for Program.**

Once you have clicked on **Apply for Program,** you should see the following screen. Please select the **Program** and the **Program Details** from the dropdown lists.

➢ Select the Program
➢ Select the Program Details – when selecting Program Details, please make sure you are selecting correctly.
➢ Click the **Continue** button.

This is how you have to select Program and Program details for Tanning Facility.

It will pop-up message box that "Are you sure you really want to apply for this program?", Click 'OK'

Click on the orange arrow to expand the group tabs above, enter the information in the fields by expanding all the groups. Fields with **Asterisks or pink color** must be completed before you can move to the next screen in the Application Process. Please enter the information in the non-required fields to assist us in reviewing your application.

Affirmation: If you answer **Yes** to any of the Affirmation questions or info questions, enter the details in the text field below each question.

24 Hour/Electronic Tanning: Select **Yes** or **No** for the 24hrs/electronic tanning rules.

Tanning Facility Training: All questions are mandatory.

IDPH Reference: If you are applying for Renewal say **Yes** and enter Previous License number. If you are applying for the first time say **No.**

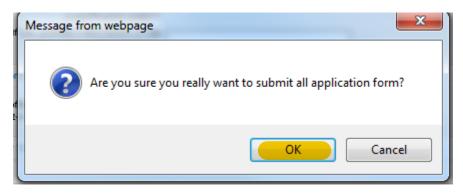Press the **Continue** button to continue the application process.
NOTE:
If you click on **Cancel** button application will stop completely.

Below are the examples how to enter the information by expanding the tab:

IDPH REGULATORY PROGRAMS
Radiological Health
Tanning

| Home |
| Sign Off |
| Help |

Tanning Facility - Facility
Applicant Adper Amandacne
Facility MercyXXXXXX

Application Form   Expand All

▼ Affirmation

Has any state or other jurisdiction of the United States or any other nation ever limited, restricted, warned, censured, placed on probation, suspended, revoked, or otherwise disciplined a professional license, permit, registration, or certification issued to you or the organization? *   ○ Yes   ◉ No

If yes, include the date, location, reason, and resolution. [   ]

Have there ever been judgments or settlements paid on your behalf or on the organization's behalf as a result of a professional liability case?   ○ Yes   ◉ No

If yes, include the date, location, reason, and resolution. [   ]

Have you or the organization ever had a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body? *   ○ Yes   ◉ No

If yes, provide a description of the circumstances. [   ]

▼ 24 Hour/Electronic Tanning

Is the facility offering tanning sessions under the 24 hour/electronic tanning rules? *   ◉ Yes   ○ No

▸ Tanning Facility Training

▸ IDPH Reference

Attachment
Attachment Description

Add New Attachment

Cancel   Continue

It will pop-up message box that "Are you sure you really want to apply for this program?", Click 'OK'

Message from webpage   [X]

(?) Are you sure you really want to submit all application form?
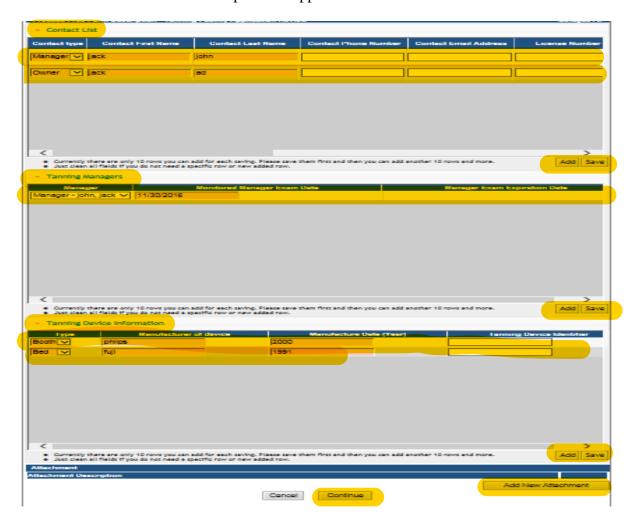
OK   Cancel

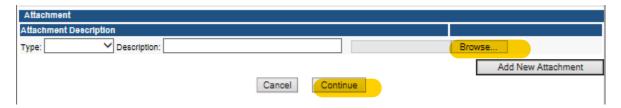Note: If you click on **Cancel** button application will cancel completely.

While entering the information if you see any Pink fields those are mandatory it will not allow you to save if we don't give that information. Please make sure to complete all the fields before you can move to the next screen in the application process. Click on the orange arrow to expand the group tabs for entering all the information in the fields.

> ➢ **Contact List:** Manager and Owner contact details are mandatory. Expand the tab, click **Add** button to add Owner and Manager. You can only select the contact type by selecting contact type, and enter all the fields which are necessary. Once adding Owner and Managers Click **Save.**
> ➢ **Tanning Managers:** Tanning Manager is required. Expand the tab, the mangers which you added in the contact list will display in the dropdown of Manager. You can select the tanning managers from the dropdown. Columns which are in pink color are mandatory. Click **Save.**
> ➢ **Tanning Device Information:** Expand the tab add the devices by clicking the **Add** button. Enter the information which is necessary for the device and **Save.**
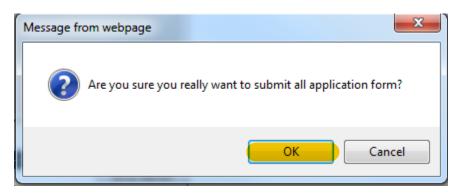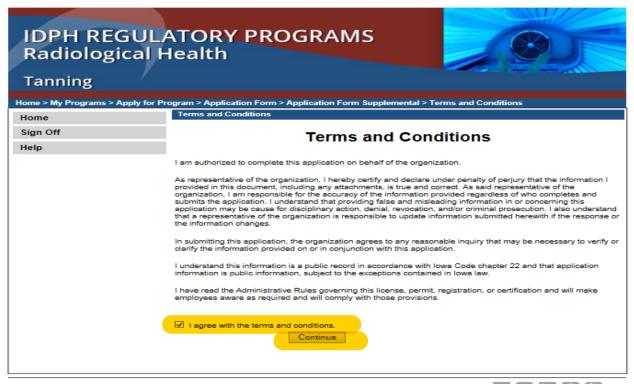
Click on **Continue** button to complete the application.

ATTACHMENTS: If you want to attach any document related to the license, click on **Add New Attachment** button.

Attachment		
Attachment Description		
Type: [dropdown] Description: [_____]		Browse...
		Add New Attachment

Cancel Continue

It will pop-up message box that "Are you sure you really want to submit all the application form?", Click 'OK'.

Message from webpage ☒

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

OK   Cancel

Please 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.**
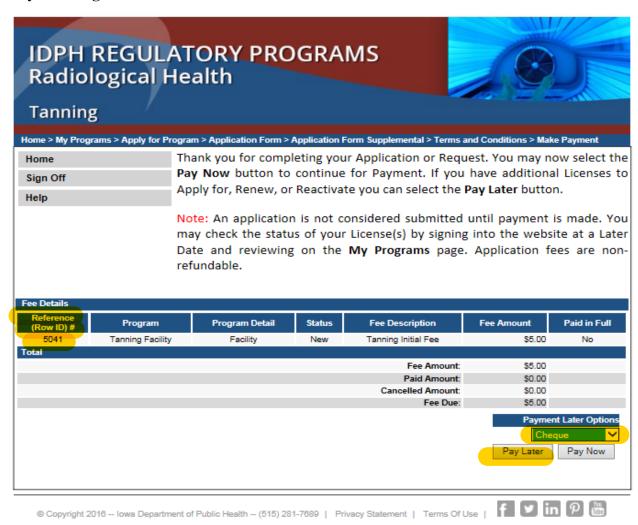
IDPH REGULATORY PROGRAMS
Radiological Health
Tanning

Home > My Programs > Apply for Program > Application Form > Application Form Supplemental > Terms and Conditions

Terms and Conditions

Home
Sign Off
Help

Terms and Conditions

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.

☑ I agree with the terms and conditions.

Continue

A payment page will open; you can choose the button **Pay Later** or **Pay Now**

Note: Your application is not considered submitted until payment is made.

IF YOU SAY PAY LATER:

If you want to send a **check** to IDPH Program Office, please enter a **Reference Row ID #** on the **Memo field of the Check**. **Reference Row ID # is displayed below the Fee Details in Make Payment Page.**

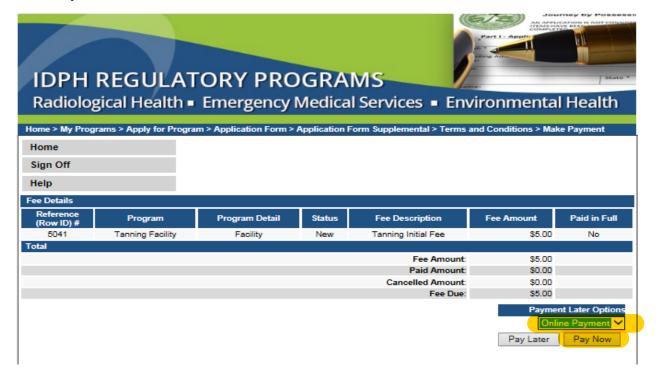It will pop-up message box that "Are you sure you really want to pay later?", Click 'OK'.

You can Pay through only by Clicking on Make Payment button.

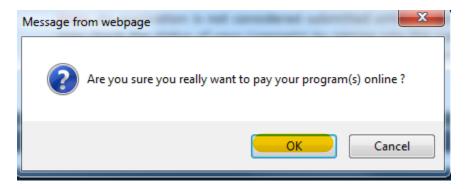**Note: Your application is not considered submitted until payment is made.**

PAY ONLINE-IF YOU CLICK ON PAY NOW: Select **Online Payment** from dropdown. Click **Pay Now.**

Page will Refresh. Below screen displays, click **Pay Now**
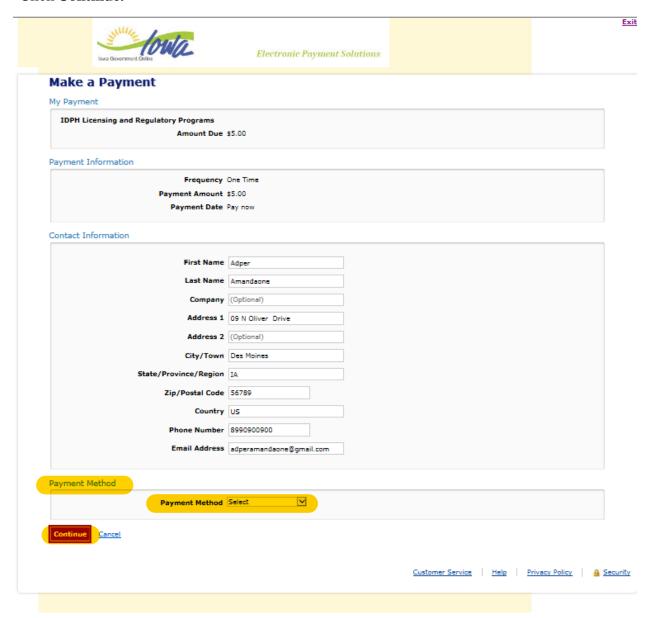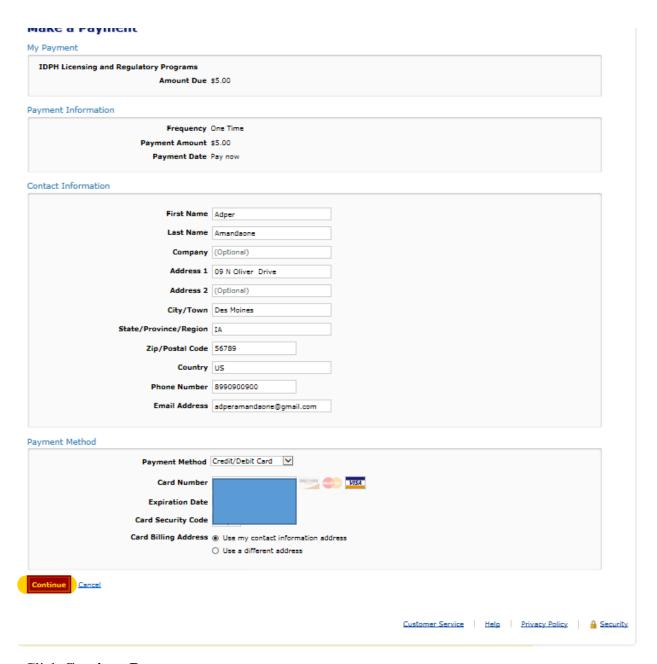

It will pop-up message box that "Are you sure you really want to pay your program?", Click 'OK'.

You should see the following screen. Select **Payment Method**, and fill in your payment details. Click **Continue.**

My Payment

IDPH Licensing and Regulatory Programs	
Amount Due	$5.00

Payment Information

Frequency	One Time
Payment Amount	$5.00
Payment Date	Pay now

Contact Information

First Name	Adper
Last Name	Amandaone
Company	(Optional)
Address 1	09 N Oliver Drive
Address 2	(Optional)
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	US
Phone Number	8990900900
Email Address	adperamandaone@gmail.com

Payment Method

Payment Method	Credit/Debit Card
Card Number	
Expiration Date	
Card Security Code	
Card Billing Address	⦿ Use my contact information address
	○ Use a different address

Continue   Cancel

Customer Service | Help | Privacy Policy | 🔒 Security

Click **Continue Payment.**

Alert

A similar payment was initiated within the last 14 days.
Do you wish to proceed with this payment?

Continue Payment   Cancel

Please review the information and select **Confirm** to process your payment. Select Back to return
to the previous page to make changes to your payment.

Iowa
Iowa Government Online
Electronic Payment Solutions

Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.
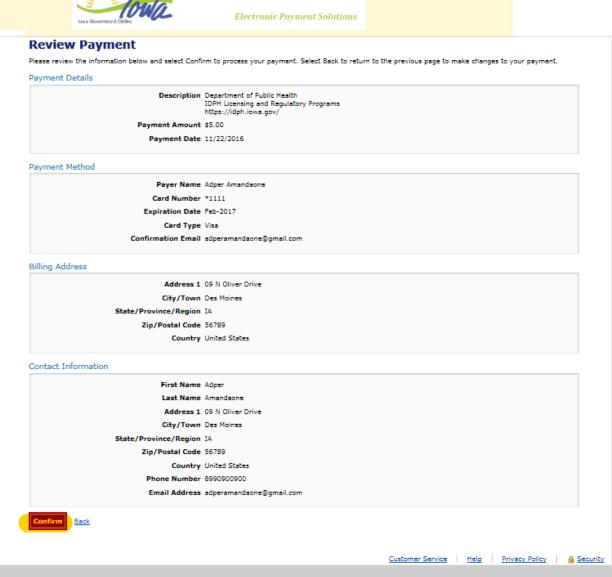
Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	$5.00
Payment Date	11/22/2016

Payment Method

Payer Name	Adper Amandaone
Card Number	*1111
Expiration Date	Feb-2017
Card Type	Visa
Confirmation Email	adperamandaone@gmail.com

Billing Address

Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States

Contact Information

First Name	Adper
Last Name	Amandaone
Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States
Phone Number	8990900900
Email Address	adperamandaone@gmail.com

Confirm   Back

Customer Service | Help | Privacy Policy | 🔒 Security

Below is your confirmation page. Please keep a record of your Confirmation Number, or print this page for your records, click **Continue.**

Electronic Payment Solutions

Confirmation

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number   **IOWDPH004002325**

Payment Details

Description	Department of Public Health IDPH Licensing and Regulatory Programs https://idph.iowa.gov/
Payment Amount	$5.00
Payment Date	11/22/2016
Status	PROCESSED

Payment Method

Payer Name	Adper Amandaone
Card Number	*1111
Card Type	Visa
Confirmation Email	adperamandaone@gmail.com

Billing Address

Address 1	09 N Oliver Drive
City/Town	Des Moines
State/Province/Region	IA
Zip/Postal Code	56789
Country	United States

Continue

Customer Service | Help | Privacy Policy | 🔒 Security

IDPH REGULATORY PROGRAMS
Radiological Health ▪ Emergency Medical Services ▪ Environmental Health

Thank you for using the Online Services.
Please **PRINT** this receipt here.

Receipt

Receipt Information

Receipt No.:	1500	Payment Date:	11/22/2016	Invoice No.:	4289

Payer Information

Company:	
Payment Made By:	Adper Amandaone
	09 N Oliver Drive Des Moines, IA 56789 US
Phone No.:	(899)090-0900
Payment Method:	Online Payment
Payment Amount:	5.00
Comments:	Payment Type=Purchase Web TransactionConfirmationID=IOWDPH004002325 Name=Adper Amandaone

Receipt Details

Fee Description	Internal Ref. No.	Amount
Tanning Initial Fee	5041	$5.00
	Total:	$5.00

Home   My Profile   My Programs