

Bureau of Radiological Health
Application for Permit to Operate a Tanning Facility

**Please send the following items:**

1. Complete application
2. Nonrefundable fee in a check or money order payable to Iowa Department of Public Health (IDPH)
3. A copy of proof of passing your owner/manager test that you have received as email or as a certificate from your local county health department

Mailing Address:

Iowa Department of Public Health
Bureau of Radiological Health
Lucas State Office Building, 5th Floor
321 East 12th Street
Des Moines, IA 50319

You can also complete the application online at <https://idph.iowa.gov/regulatory-programs/tanning>.

Customer Support phone: (855) 824-4357

Email: adpereg@idph.iowa.gov

FACILITY INFORMATION (Type or print the information below)
 This is a new address

Facility Name: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Email: Required _____
 Permit Number: Required _____ EIN/SSN _____

Have you held an Iowa Permit to Operate a Tanning Facility before? Yes No

Select Tanning Permit Type: New Renewal

New Permit Registration fee is \$5

Late permit registration: \$25 per month after 30 days past due plus \$5 permit fee

Number of months: _____

Total due: \$ _____

A printed copy of the **Score released: IDPH Tanning facility Test – Owner/Manager** email, or your local county environmental health department certificate, will need to be included with this paper application for proof of passing your owner/manager test

CONTACT INFORMATION**Manager**

Name : Required _____
 Phone Number: _____ Email: _____
 Business Name: _____ Street Address: _____
 City: _____ State _____ Zip Code: _____

Owner (leave blank if same as Manager)

Name : Required _____
 Phone Number: _____ Email: _____
 Business Name: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____

AFFIRMATION QUESTIONS *(Required)*

The following questions must be answered by all applicants. If you answer, “Yes” to any of the questions below (1) attach a signed letter explaining the details of the incident, including date(s), location(s), status, reason, etc. (2) attach a copy of any court ordered evaluations, showing completion & recommendations, and/or (3) attach a letter from a physician or treatment program for any medical condition(s).

<p>(New) Do you have...</p> <p>(Renewal) During the previous licensing period, did you develop... a medical condition, which in any way currently impairs or limits your ability to perform the duties of this profession? Medical Condition means any physiological, mental, or psychological condition, impairment, or disorder, including drug addiction and alcoholism.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(New) Have you, within the past 5 years...</p> <p>(Renewal) During the previous licensing period, did you... engage in illegal or improper use of drugs or other chemical substances?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(New) Have you ever been...</p> <p>(Renewal) During the previous licensing period, were you... convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(New) Have you ever been...</p> <p>(Renewal) During the previous licensing period, were you... convicted of a misdemeanor or felony crime? (You do not need to answer yes if your sole conviction or convictions are for minor traffic violations with fines under \$250). In answering this question, note that a conviction means a finding, plea, or verdict of guilt made or returned in a criminal proceeding, even if the adjudication of guilt is deferred, withheld, or not entered. This means you must answer yes if a finding or verdict of guilt was returned against you in a criminal proceeding or if you plead guilty, entered a plea of nolo contendere, or entered an Alford plea in a criminal proceeding, even if the court expunged the matter or the court deferred judgment.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(New) Have there ever been...</p> <p>(Renewal) During the previous licensing period, were there any... judgments or settlements paid on your behalf as a result of a professional liability case?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>(New) Have you ever had...</p> <p>(Renewal) During the previous licensing period, did you have... a license, permit, registration, or certification denied, suspended, revoked, or otherwise disciplined by a certification body?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

24 HOUR/ELECTRONIC TANNING *(Required)*

Is the facility offering tanning sessions under the 24 hour/electronic rules?

Yes No

TANNING FACILITY TRAINING *(Required)*

I have read the user manual and am familiar with its recommendations on exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am familiar with the tanning unit(s) and how it/they work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All operators and managers know how to determine tanning times according to skin type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
All operators and managers know how to adjust tanning times for previous tanning exposures, Photosensitizing agents, and new lamps.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All operators and managers know how to clean the bed and what cleaning agent to use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All operators and managers recognize brands of goggles that are Approved. Check them for alterations and or cracks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All operators and managers know what records are to be kept and where.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All operators and managers know where the consumer is to sign that they have read the IDPH health warnings.	<input type="checkbox"/> Yes <input type="checkbox"/> No
There is a facility procedure for denying tanning to those who refuse to follow required regulations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
All operators and managers know the procedures for emergencies and where the phone numbers are located.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to train all operators according to IDPH employee testing and training.	<input type="checkbox"/> Yes <input type="checkbox"/> No

TANNING DEVICE INFORMATION: (Complete the information for each tanning device. List bed or booth, **do not** list equipment such as protective eyewear, timers, and handrails. DUPLICATE THIS PAGE AS NEEDED.)

Type	Manufacture Name	Year Manufactured	Identifier (<i>serial number is not required</i>)
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			
<input type="checkbox"/> Bed <input type="checkbox"/> Booth			

Privacy Act Notice: Disclosure of your social security number on this application is required by 42 U.S.C. § 666(a) (13) and Iowa Code § 252J.8 (1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18. **NOTE:** This does not apply to facilities that have obtained an EIN, only to facilities under a Sole Proprietorship.

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.

Required

Signature of Owner/Manager

Date