



**Putnam County Department of Health**  
 Environmental Health Services  
 1 Geneva Road, Brewster, NY 10509  
 (845) 808-1390



Tanning Facilities Program  
 Fee Determination Schedule

**For Office Use Only**

Received by: \_\_\_\_\_

Amount \$: \_\_\_\_\_

**Instructions**

Print the requested information. Determine the correct fee. Make your **certified check or money order payable to the Putnam County Department of Health**. Mail this completed form and check along with a completed Application for a Permit to Operate (DOH-3915) to the address above within 30 days of receipt of this form. A \$50 late fee will be charged for those applications received after due date.

**Section A - Facility**

1a. Facility Name: \_\_\_\_\_

b. Facility Address: \_\_\_\_\_

(#, street, City, State, Zip)

c. Mailing Address: \_\_\_\_\_

(if different from above)

2. Name of Operator: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

(if different from operator)

3. Type of Facility:     Tanning Only     Salon/Spa     Fitness Ctr.     Other: \_\_\_\_\_

**Section B – Registration / Permitting Fees** (Two-year Period)

Indicate the number of tanning devices in the facility, then follow the fee schedule listed below.

Registration fee \$120.00

Number of UV tanning devices in your facility is: \_\_\_\_\_

Inspection fee per UV devices    # \_\_\_\_\_ (above) x \$200.00    \$ \_\_\_\_\_

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Total Fee Due    (Registration fee **plus** Inspection Fee from above)    \$ \_\_\_\_\_

**Section C - Certification**

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

Signature of Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_\_