

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 \$ 30.00

Number of tanning devices in your facility: _____

Inspection for 1 bed \$ 50.00

Inspection for 2-4 beds \$100.00

Inspection for 5-7 beds \$150.00

Inspection for 8 beds or more \$200.00

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: _____