



Tanning Facility – Permit Application

- There is an annual, nonrefundable application fee of \$5 payable by check or money order to the department listed above.
- Late fees start a day after permit expiration date and accrue at \$25/month.
- Include a copy of proof of passed owner/manager test.
- Fees, application, and proof of passed test can be mailed to the address shown at top of form. Incomplete applications will be returned.

Tanning Permit Type: ☐ New ☐ Renewal

Have you ever held an Iowa permit to operate a tanning facility before? ☐ Yes ☐ No

FACILITY INFORMATION

☐ This is a new address

Facility Name			
Address	City	State	Zip Code
Phone	Email		
TAN # (if renewal)	EIN		
Manager Name			
Address	City	State	Zip Code
Phone	Cell Phone		
Email			
Owner Name (leave blank if same as manager)			
Address	City	State	Zip Code
Phone	Cell Phone		
Email			

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.



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	Manufacturer Name	Year Manufactured	Identifier (<i>serial number is not required</i>)
☐ Bed ☐ Booth			
☐ Bed ☐ Booth			
☐ Bed ☐ Booth			
☐ Bed ☐ Booth			
☐ Bed ☐ Booth			
☐ Bed ☐ Booth			
☐ Bed ☐ Booth			
☐ Bed ☐ Booth			



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).

(New) Do you have... (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.	☐ Yes ☐ No
(New) Have you, within the past 5 years... (Renewal) During the previous licensing period, did you... engage in illegal or improper use of drugs or other chemical substances?	☐ Yes ☐ No
(New) Have you ever been... (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)	☐ Yes ☐ No
(New) Have you ever been... (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.	☐ Yes ☐ No
(New) Have there ever been... (Renewal) During the previous licensing period, were there any... judgments or settlements paid on your behalf as a result of a professional liability case?	☐ Yes ☐ No
(New) Have you ever had... (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?	☐ Yes ☐ No
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.	☐ Yes ☐ No
I am familiar with the tanning unit(s) and how it/they work.	☐ Yes ☐ No
All operators and managers know how to determine tanning times according to skin type?	☐ Yes ☐ No
All operators and managers know how to adjust tanning times for previous tanning exposures, photosensitizing agents, and new lamps.	☐ Yes ☐ No
All operators and managers know how to clean the bed and what cleaning agent to use.	☐ Yes ☐ No
All operators and managers recognize brands of goggles that are approved, and <u>check</u> them for alterations and or cracks.	☐ Yes ☐ No
All operators and managers know what records are to be kept and where.	☐ Yes ☐ No
All operators and managers know where the consumer is to sign that they have read the DIAL health warnings.	☐ Yes ☐ No
There is a facility procedure for denying tanning to those who refuse to follow required regulations.	☐ Yes ☐ No
All operators and managers know the procedures for emergencies and where the phone numbers are located.	☐ Yes ☐ No
I agree to train all operators according to DIAL employee testing and training.	☐ Yes ☐ No

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