

APPLICATION FOR A PERMIT TO OPERATE A TANNING FACILITY

To be submitted at least 21 days prior to operation

DATE SUBMITTED: _____

MUST CHECK ONE:

New establishment under construction ___ **OR**
 Existing facility – presently operating ___
 Formerly named _____

NOTE: The required opening inspection will not be conducted until, Certificates of Insurance for both Workers' Compensation and Disability Insurance or Workers' Compensation Exemption Form CE-200 and fee have been submitted.

BUSINESS NAME			
BUSINESS ADDRESS			
BUSINESS PHONE NUMBER			
OWNER			
OWNER'S ADDRESS			
OWNER'S PHONE NUMBER			
OWNER'S EMAIL ADDRESS			
FACILITY TYPE (please circle)	Tanning Only	Salon/Spa	Fitness Other
OPENING DATE			
ULTRAVIOLET RADIATION DEVICES – TANNING BEDS AND BOOTHS	TOTAL UV DEVICES		
FEE - \$50.00 per ultraviolet devices \$5.00 /month registration fee	\$ _____	Please enclose check or money order payable to the ONONDAGA COUNTY HEALTH DEPARTMENT	

IF APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO OPERATE THE FACILITY DESCRIBED ABOVE IN COMPLETE COMPLIANCE WITH THE REQUIREMENTS OF PART 72 OF THE NEW YORK STATE SANITARY CODE.

PLEASE NOTE: All permits expire **December 31** of the following year.

TITLE	SIGNATURE
	PRINT NAME _____

For official use only

INSPECTOR _____ TOWN _____
 RISK _____

STIPULATIONS _____ PERMIT NO. _____
 DATE ISSUED _____

DIVISION OF ENVIRONMENTAL HEALTH
 ONONDAGA COUNTY HEALTH DEPARTMENT
 421 Montgomery Street, 12th floor
 Syracuse, New York 13202
 Telephone 315-435-1649 Fax 315-435-1651
<mailto:heidimason@ongov.net>



ongovhealth
Onondaga County Health Department
 ongov.net/health · facebook.com/ongovhealth



Onondaga County Health Department

J. Ryan McMahon II, County Executive

Kathryn Anderson, MD, PhD, MSPH, Onondaga County Commissioner of Health

John H. Mulroy Civic Center · 421 Montgomery Street, Syracuse, NY 13202



Division of Environmental Health
Lisa Letteney, Director

Bureau of Environmental Risk Assessment
Phone (315) 435-1649
Fax (315) 435-1651

NOTICE TO PERMIT APPLICANTS

As required by the New York State Worker's Compensation Law the Onondaga County Health Department requires proof of Worker's Compensation and Disability Insurance coverage or Exemption Form CE-200 to be submitted prior to the issuance of operating permits.

Acceptable documentation for Worker's Compensation coverage is one of the following:

- Form C-105.2 – Certificate issued by applicant's insurance carrier
- Form U-26.3 – Certificate issued by the State Insurance Fund
- Form SI-12 – Certificate of Self-Insurance
- Form GSI-105.2 – Certificate of participation in Group Self-Insurance

Acceptable documentation for Disability Insurance coverage is one of the following:

- Form DB-120.1 – Certificate issued by applicant's insurance carrier
- Form DB-155 – Certificate of Self-Insurance

Proof of Exemption for Workers' Compensation and/or Disability Insurance is:

- Form CE-200 – Certificate of Attestation of Exemption

Please note that these forms are not the notices that you have posted at your facility. The above forms are provided by New York State and can only be completed and issued by your insurance carrier. Your insurance carrier can fax the completed forms directly to us at (315) 435-1651 or you may include them with your completed renewal application. We are not allowed to accept any other documentation other than the forms listed above.

Information concerning Worker's Compensation Insurance and exemptions can be obtained by contacting your local Worker's Compensation Board office (in Syracuse 1-866-298-7830) or by visiting the Internet site <http://www.wcb.ny.gov/>. Please note that Exemption Certificate Form CE-200 is to be completed and printed using this site (The link to Form CE-200 is on the right hand side of the website home page.)

Please contact this office at 435-1649 if you have questions.