



Application for Registration of a Tanning Facility

No person shall operate a tanning facility without registering with the Cabinet for Health and Family Services

Establishment name: _____

Establishment address: _____
Street

City _____ State _____ ZIP code _____

Owner's name: _____

Owner's address: _____
Street

City _____ State _____ ZIP code _____

Owner's phone number: _____

Previous name of establishment (if applicable): _____

Registration fee: **\$20** Cash Check Money order

Make check payable to Northern Kentucky Health Department

Applicant's signature: _____ Date: _____

Please return completed application with required fee to
Northern Kentucky Health Department, Environmental Health and Safety
8001 Veterans Memorial Drive, Florence, KY 41042

FOR OFFICIAL USE ONLY											
Action		Est. No.				Status		County		Program	
New	N					Active	A				
Change	C					Inactive	I				
Delete	D					Hold	H				
Reactivate	R					No. app	N				
						Suspended	S				
Sanitarian		Insp. Intvl.		Est. Type		Service Type					
						Sit Down/Full	1				
						Cafeteria/Continental	2				
						Carry-out/Retail Mkt.	3				
						Caterer (Commercial)	4				
						Interstate Conveyance	5				
						No Service Type	6				
Water Sup.		Sewage		Quantity 1	Unit Measure	Quantity 2	Unit Measure				
Public	1	Public	1								
Private	2	Private	2								
Other	3	Other	3								
New/Additional plumbing approval by: _____						Date: _____		Permit# _____			
Approved by: _____						Date: _____					