

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
OFFICE OF HEALTH PROTECTION  
DIVISION OF FOOD, DRUGS AND DAIRIES  
525 West Jefferson Street  
Springfield, IL 62761-0001  
Phone: 217/782-7532  
TDD (For Hearing Impaired Use Only): 800/547-0466  
FAX # 217/524-0802**

FOR DEPARTMENT USE ONLY	
Date received	_____
Region	_____
LHD#	_____
Permit	_____

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 87-636. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

**TANNING FACILITY PERMIT APPLICATION**

(USING BLACK INK, PRINT OR TYPE ALL REQUESTED INFORMATION)

MARK TYPE OF APPLICATION:       New Facility       Change of Ownership       Change of Location

Tentative date of opening/change of ownership: \_\_\_\_\_

If change of location, list previous facility address: \_\_\_\_\_

Facility Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zipcode + 4: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Facility Mailing Address (if different from above)

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zipcode + 4: \_\_\_\_\_

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Applicant (Owner) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zipcode + 4: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

*Type of Ownership*

- Individual
- Partnership  
(List names and addresses of each general partner)  
\_\_\_\_\_  
\_\_\_\_\_
- Corporate  
(List exact full corporate name on file with Secretary of State)  
\_\_\_\_\_  
(List name and address of registered agent)  
\_\_\_\_\_  
\_\_\_\_\_

*Primary Operation of Facility*

- Tanning Facility
- Health Club
- Hotel/Motel
- Beauty Salon
- Barber Shop
- Residence
- Other (Specify) \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

Is facility a mobile unit? (circle one) YES or NO    If yes, Illinois counties of operation: \_\_\_\_\_

Section 795.60 of the Tanning Facility Code (77 Ill. Adm. Code 795) requires permit applicants to submit copies of the following information:

- Warning Notices (other than warnings affixed to equipment)**
- Parental Consent Forms for Use of Equipment by Minors**
- Fully Detailed, Written Facility Operating Procedures**

