## Monroe County Department of Public Health 111 Westfall Road – Room 836 Rochester, New York 14620

## Tanning Facilities Fee Determination Schedule

## **Instructions for the Basic Fee**

Complete Section A. Determine the correct fee and complete Section B and D. Mail Fee Determination Schedule, check made payable "Monroe County Department of Public Health" and the completed Application for a Permit to Operate within 30 days of receipt of this form.

Section A - Facility	
1a. Facility Name:	
1b. Facility Address:(Street # & Street Name, City, State, Zip)	<del></del>
2. Name of Operator/Contact Person:	
3. Type of Facility:  Tanning Only Salon/Spa Fitness Other	
Section B - Basic Fee for a Two-Year Registration Period	
Indicate the number of tanning devices at the facility, and then multiply the nu	mber of devices by \$200.
Number of tanning devices X \$200 (Max. fee of \$2000)	\$
Add a \$120 registration fee	\$ 120.00
	TOTAL FEE DUE \$
check for adding additional devices made payable to the "Monroe County De 30 days of receipt of this form.	
Section C – Fee for Adding Additional Tanning Devices to an Existing F	Permit
Indicate the number of <b>additional</b> tanning devices to be added to the existing I	permit.
Number of tanning devices X \$200	\$
	TOTAL FEE DUE \$
Facility Code from existing permit: 27 -	
Total number of tanning devices at the facility:	
Section D – Certification	
I hereby certify that the statements made on this form are accurate to the best	t of my knowledge.
Signature of Operator:	Date:/

MONROE COUNTY - TANNING FEE DETERMINATION SCHEDULE (01/2023)