

APPLICATION FOR REGISTRATION OF TANNING DEVICES

FOR OFFICE USE ONLY	County _____
	Registration No. _____

Information collected on this form will be used to process the application for registration.

Business Name _____ FEIN Number or Social Security Number _____

Business Address-Street, City, State, Zip _____

Mailing Address if Different than Business Address. _____

Telephone No. and Extension _____

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Name & Title of Person Responsible _____

Number of Tanning Devices _____

Brand Name of Each Device and Model No.

Device	Model No.	Device	Model No.

Primary Type of Business – Tanning, Cosmetology, Health Fitness, etc. _____

If you are responsible for units at locations other than the address listed above, please list the locations. _____

SIGNATURE - Person Responsible _____

Title _____

Date Signed (mm/dd/yy) _____

Complete form and mail original copy and fee to:
Make check in the amount of \$10.00 payable to the
Department of Health Services. Keep a
copy of the completed signed and dated form for your
records.

**Department of Health Services
Division of Public Health
Tanning Device Registration, RM B157
P. O. Box 2659
Madison, WI 53701-2659**

Note: Multiple tanning devices at a single location and under the control of one person may be considered a single registration and only one registration fee is required. If, however, the devices are located at separate addresses, it will be necessary to consider each location as a separate registration and an additional fee is required for each location. **All permits expire on June 30 regardless of issue date. Personally Identifiable information on this form will only be used to obtain relevant data required by the provisions of s.73.0301(1)(d)3 and s.255.08.**