

Application for Tanning Facility Registration

Mississippi State Department of Health Office of Environmental Health
570 East Woodrow Wilson, Suite O-300, Jackson, Mississippi 39215
Voice: (601) 576-7690 Fax: (601) 576-7632
www.HealthyMS.com/tanning

Instructions: Fill out form completely and accurately. Make sure you keep a copy for your records. Once the form is processed you will be sent an invoice for payment. Upon receipt of payment, the Mississippi State Department of Health will send you a registration certificate to be posted in public view. If you need more space use additional paper and attach it to this application.

Check one: New Facility New Owner New Equipment **Registration No. ____T____**

Facility Information

Facility Name: _____

Phone #: _____ Website: _____ Hours (M-F): _____

Manager: _____ Email: _____

Address Information (include City, State, Zip)

Physical Address: _____

Mailing Address: _____

Billing Address: _____

Owner Information

Owner Name: _____ Phone #: _____

Email: _____ Alt Phone #: _____

Previous Owner Name & Phone #: _____

Former Facility Name: _____ Date you took over ownership: _____

Operating and Safety Procedures

I have attached a copy of my operating and safety procedures for all tanning devices.

Additional Information

1) All operators are required to complete the Tanning Operator Training from an approved vendor prior to operating any tanning device in Mississippi. A list of vendors is available on the website listed above.

2) No one under the age of 18 is permitted to tan unless a parent/guardian has signed a consent form in the presence of the operator. Additionally, consumers under 14 must have the parent/guardian present while using the device.

3) Failure to pay registration fees in the specified amount of time could result in civil penalties as outlined in Rule 6.1.14.

Information regarding the Indoor Tanning Program including regulations, forms and signs can be found on our website at www.HealthyMS.com/tanning.



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Tanning Device Information (Use separate sheet if necessary)

Device 1: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Device 2: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Device 3: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Device 4: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Device 5: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Device 6: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth



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Device 7: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Device 8: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Device 9: Manufacturer: _____ Model: _____

Base Serial #: _____ Canopy Serial #: _____

Designated Lamp Model: _____ Bed Booth

Tanning Equipment Supplier, Installer and Service Agent

Equipment Supplier: _____ Phone: _____

Address: _____ City/State/Zip: _____

Contact (if known): _____

Equipment Installer: _____ Phone: _____

Address: _____ City/State/Zip: _____

Contact (if known): _____

Equipment Service Agent: _____ Phone: _____

Address: _____ City/State/Zip: _____

Contact (if known): _____

I hereby certify the above information is true and accurate to the best of my knowledge. I have read, understand and will comply with the Mississippi State Department of Health, Part 14, Subpart 70, Chapter 6 - Regulations for Tanning Facilities.

Signature of Owner: _____ **Date:** _____

