Allegany County Department of Health
7 Court Street, Belmont, New York 14813
Telephone: (585) 268-9266
Fax: (585) 268-9712

Tanning Facilities Program
Fee Determination Schedule

FOR OFFICE USE ONLY

Cashline#

Amount $

Received by

Instructions
Print the requested information. Determine the correct fee.

Mail this completed form along with your Check and a completed Application for Permit to Operate (ACDOH-101) within 30 days of receipt of this form.

Make your check or money order payable to:

Allegany County Department of Health.

A $25.00 fee will be charged for a returned check.

Section A– Facility

1a. Facility Name: _____

b. Facility Address: _____
(No. and Street, City< State, Zip)

c. County: _____

2. Name of Operator:_____

3. Type of Facility: ☐Tanning Only ☐Salon/Spa ☐Fitness ☐Other

Section B– Basic Fee (Two-Year Registration Period)

Indicate the number of tanning devices in the facility, then multiply the number of devices by $50.

Number of tanning devices _____X $50 $_____

Add a $30 registration fee $_____

TOTAL FEE DUE $_____

Section C– Certification

I hereby certify that the statements made on this form are accurate to the best of my knowledge.

Signature of Operator:_____Date:_____/_____/_____