

**REGULATORY LICENSING UNIT  
TANNING FACILITIES**

**TANNING  
2506**

**Initial / Renewal License Application**

(Health and Safety Code, Chapter 145)

Return both the completed application, and non-refundable fee made payable to:  
Texas Department of State Health Services, RLU, Food & Drug Licensing,  
P.O. Box 12008, Austin, Texas 78711  
For assistance in completing this application call (512) 834-6727

BUDGET: <b>ZZ105</b>
FUND: <b>140</b>
LICENSE #

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: \_\_\_\_\_ ( ) \_\_\_\_\_

**Tanning Facility Initial/Renewal License or Change of Ownership Fee: \$454.00**

**License Replacement Fee- \$100.00**  
**Texas Administrative Code 229:** A replacement license shall only be issued if lost, stolen or destroyed and license is current and valid at the time of the request, and no changes in business name, location or ownership have occurred.

**Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$100.00.  
**ANY RETURNED CHECKS RECEIVED AFTER THE EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.**

Total Number of Beds in Facility: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

"Fitzpatrick scale" means the following scale for classifying a skin type, based on the skin's reaction to the first 10 to 45 minutes of sun exposure after the winter season:

<u>Skin Type</u>	<u>Sunburning and Tanning History</u>
1	Always burns easily; never tans
2	Always burns easily; tans minimally
3	Burns moderately; tans gradually
4	Burns minimally; always tans well
5	Rarely burns; tans profusely
6	Never burns; deeply pigmented

**VERIFICATION:** I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 145 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

<b>Print Name:</b>	<b>Title:</b> <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Designee / Agent
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<b>sign here</b> ►	Date:
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**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.  
Please Note: Initial licenses will expire two years from date of payment receipt by the Department.

- New** - Start Date of Regulated Activity: \_\_\_\_\_
- Change of Ownership or Change of Legal Entity:** requires submission of an initial application and fee as listed on Page 1.

**PLEASE NOTE: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.**

- Previous owner name \_\_\_\_\_
- Previous legal entity name: \_\_\_\_\_
- Effective Date of Change: \_\_\_\_\_

- Amended** -  Change of Location [previous location: \_\_\_\_\_] } Enter the date the change was effective:  
 Change of Name [previous name: \_\_\_\_\_] } Date: \_\_\_\_\_  
 Other: \_\_\_\_\_

Any minor amendment including change of name or change in the location of a licensed place of business requires submission of a minor amendment application and fee as listed on page 1 of that application. The current expiration date remains in effect.

**Renewal** - Renewals are valid from the anniversary date. **Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.**

- Notice that firm is out of business.** Date: \_\_\_\_\_  **Not required to license/permit**  
Sign and date. Return for deletion from our records. Reason: \_\_\_\_\_

**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.

**\*Please Note: Only drug, device, and/or certificate of authority applicants are required to fill in residence address, driver's license number, and date of birth.**

Name & Title	*Residence Address	*Driver's License Number	*Date of Birth
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**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_ m. to \_\_\_\_\_ m.

**WEBSITE/ INTERNET ADDRESS:** http://www.\_\_\_\_\_

**BILLING INFORMATION** (The license and/or courtesy renewal notice will be sent to the following):

Billing Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Name of Application Preparer (Contact Person): \_\_\_\_\_  
Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_  
Fax Number of Application Preparer (Contact Person): \_\_\_\_\_  
E-mail Address of Application Preparer: \_\_\_\_\_

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 522.021, 522.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

Please address **correspondence only** to:  
Texas Department of State Health Services  
RLU, Food and Drug Licensing Group, MC 2835  
PO Box 149347  
Austin, Texas 78714-9347

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM  
PAGE 2 OF 3

**LICENSE HOLDER INFORMATION:** Please enter the 11 digit State Tax Payer's Identification number or Federal Identification number.

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**\*\*Please Note: For ONLY Drug, Device, and/or Certificate of Authority Applications:**

\* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor?  Yes  No

**(If yes, please attach a statement explaining the conviction.)**

\* Please include a copy of Driver's License with application.

\* Applicants are required to fill in residence address, driver's license number, and date of birth below.

**SOLE OWNER / PROPRIETORSHIP**

Name of Sole Owner: \_\_\_\_\_  
Residence Address DLN DOB

**Partnership**  LP  LLP  LTD Effective Date of Partnership \_\_\_\_\_

Name of Partnership: \_\_\_\_\_

Partnership Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

**\* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

**Association**  **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

**\* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Name: \_\_\_\_\_  
Residence Address DLN DOB

Name: \_\_\_\_\_  
Residence Address DLN DOB

**Corporation**  **LLC** Date and Place of Incorporation: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

**\*Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

President Name: \_\_\_\_\_  
Residence Address DLN DOB

Officer's Name: \_\_\_\_\_  
Residence Address DLN DOB

Officer's Name: \_\_\_\_\_  
Residence Address DLN DOB

Name of Registered Agent: \_\_\_\_\_  
Residence Address DLN DOB