



REGULATORY LICENSING UNIT
TANNING FACILITIES

TANNING
2506

Minor Amendment 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: ZZ105
FUND 140
LICENSE #

Name Under Which Business is Conducted (DBA):
Physical Address to be Licensed:
City, County, State, Zip Code:
Telephone # at address: ()

G Tanning Facility Minor Amendment Fee: \$220.00

G 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:

Table with 2 columns: Skin Type (1-6) and Sunburning and Tanning History (Always burns easily; never tans to 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...

Print Name: Title: Owner, Partner, President, Corporate Designee / Agent

sign here Date:

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