

**FAIRFIELD HEALTH DEPARTMENT
APPLICATION FOR TANNING FACILITY LICENSE**

Please make check out to the Township of West Caldwell

Please complete this application and remit with payment to:
*West Caldwell Health Department
30 Clinton Road
West Caldwell, NJ 07006*

In conformance with the requirements of an ordinance entitled "Tanning Facilities," the undersigned respectfully petitions for a license to operate.

TRADE NAME: _____

BUSINESS ADDRESS: _____

OWNER, OWNERS OR CORPORATION INFORMATION:

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

NUMBER OF TANNING BOOTHS AND/OR ROOMS IN FACILITY: _____

DO YOU SELL ANY FOODS, BEVERAGES OR CONSUMABLE SUPPLEMENTS? _____

DOES YOUR FACILITY HAVE A SWIMMING POOL AND/OR SPA? _____

DOES YOUR ESTABLISHMENT HAVE NAIL, BARBER OR BEAUTY PARLOR SERVICES? _____

DOES YOUR FACILITY OFFER HEALTH CLUB SERVICES (i.e., gym, weights)? _____

LICENSE EXPIRES DECEMBER 31 OF EACH YEAR, per Fairfield Revised General Ordinances.

Print name

Signature

FEE SCHEDULE:

A. All tanning facilities, regardless of size:

\$75.00 License application fee\$75.00

B. _____ Tanning beds/booths/rooms @ \$10 each.....\$ _____

Total.....\$ _____

FOR AGENCY USE ONLY

LICENSE NUMBER: _____ ISSUED BY: _____