

**RHODE ISLAND DEPARTMENT OF HEALTH  
DIVISION OF OCCUPATIONAL AND RADIOLOGICAL HEALTH  
APPLICATION FOR REGISTRATION TANNING EQUIPMENT**

\*\*FOR AGENCY USE ONLY\*\*

Lic. No. TAN

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**Reviewed By** \_\_\_\_\_

**Date**

**Amount Paid**

**INSTRUCTIONS:** Send the entire completed application and fee to: RI Department of Health, Occupational and Radiological Health, 3 Capitol Hill - Room 206, Providence, RI 02908-5097. Application Fee (\$230.00) made payable to General Treasurer-State of Rhode Island. You should keep a copy of your completed application and attachments, as they will be incorporated into your registration by reference. This Agency is requesting that you provide information that is necessary to accomplish the statutory purpose as outlined under Public Act R-23-68-TAN. Disclosure of this information is mandatory.

Type of Application:  New Facility  Change of Location (Tentative Date of Opening) \_\_\_\_\_

Change of Ownership (Date of Ownership Change) \_\_\_\_\_ Previous Owner-Registration No: TAN

**Primary Operation of Facility (Choose One)**

- Tanning Facility  Health Club  Beauty Salon/Barber Shop  Hotel/Motel  
 Gym  Other \_\_\_\_\_

**Facility Name:**

Please provide the name of the facility (as known to the public) for which you are applying for this license.

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

**Facility Contact Person:**

Please provide the name and telephone number of a person we can contact concerning this facility.

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

**Facility Mailing Information:**

Please provide the mailing information for all communication regarding this license.

(Not published on HEALTH website).

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Address City, State, ZipCode \_\_\_\_\_

Address Country \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Facility Location Information:**

Please provide the location information for this facility.

(Published on HEALTH website).

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Address Line 3 \_\_\_\_\_

Address City, State, ZipCode \_\_\_\_\_

Address Country \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Ownership Type:**

Please check ONE

- Corporation  Limited Liability Company  Governmental Entity  Partner  
 Sole Proprietorship  Partnership  Limited Partnership

<b>Ownership Information:</b> Please provide ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.	Name: _____  DBA: _____
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**Name and Policy or Binder Number of Liability Insurance Company:**

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

Policy Number: \_\_\_\_\_

**Tanning Equipment Information:** Please identify room(s) which tanning equipment occupies. Provide model and serial numbers for all devices of tanning facility if applicable. Types of equipment include bed canopy, bed bench, stand-up booth, free-standing facial unit, and free-standing canopy. (Note: Bed canopy and bed bench may have separate model numbers.)

Room Number	Manufacturer	Model Number(s)	Month & Year of Manufacture	Type of Equipment

*Continue on plain 8½" by 11" paper if necessary*

**Days and Hours of Operation:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

<b>FEIN Number:</b> <b>(Federal Employer Identification Number)</b>  <b>Note: If you are a sole proprietor this number may be your Social Security Number.</b>	Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.  Please provide below FEIN/SSN for this license: F.E.I.N./SSN Number: _____
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**CERTIFICATION** [*Must be completed by the owner if an individual, by one of the partners if a partnership; by an officer of the corporation if incorporated*]:

I, \_\_\_\_\_ affirm that I am the \_\_\_\_\_  
full name title

of the \_\_\_\_\_, that I am authorized on the part of said applicant to  
facility name as shown on page 1

verify and file with the Rhode Island Department of Health, this application; that I have full knowledge of the matters set forth herein and that all of the same are true in substance and fact.

\_\_\_\_\_  
(Signature) \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title



**Rhode Island Department of Health**  
**3 Capitol Hill, Providence RI, 02908-5097**  
**MANDATORY ADDENDUM TO LICENSE APPLICATION**  
**Tax Payer Status Affidavit / Identity Verification**

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

**Licensee Declaration**

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # \_\_\_\_\_)
- I am in state receivership. (Case # \_\_\_\_\_)
- I have been discharged from Bankruptcy.  
(Case # \_\_\_\_\_)

\_\_\_\_\_  
Type of Professional/Business License for which you are applying

\_\_\_\_\_  
Full Name (Please Print or Type)

\_\_\_\_\_  
Social Security Number (or FEIN for Business)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number (including area code if not 401)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Business (If Applicable)

*This form must be completed, signed and attached to your license application for processing.*