

**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: \_\_\_\_\_