



Bismarck-Burleigh Public Health

407 S 26th St. Bismarck, ND 58504
701-355-3400 • Fax: 701-221-6883 • Email: bbph@bismarcknd.gov

FOR OFFICE USE ONLY:

Date Recvd: _____

Assigned EHS: _____

TANNING LICENSE APPLICATION

Business Name: _____ Business Phone #: _____

Business Address: _____ City: Bismarck State: ND Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Owner's Name: _____ Owner's Phone #: _____

Owner's Email: _____

Applicant's Name & Title: _____ Applicant's Phone #: _____

Applicant's Email: _____

Projected Opening Date: _____ Total Number of Tanning Beds/Booths: _____

Sanitizing Agent Used For Tanning Units: Quaternary Ammonium Chlorine Other: _____

Note: sanitizer must be EPA approved and have applicable test kit to test concentration.

Fee Schedule: **1 - 10 Beds/Booths = \$110.00** **11 Beds/Booths or more = \$165.00**

Submit application with the following to Bismarck-Burleigh Public Health (contact information on letterhead):

- Fee – Checks payable to Bismarck-Burleigh Public Health
- Floor plan – showing the layout of the facility and identifying location of tanning units
- Equipment list – make & model of all tanning units

Upon review of your application, the applicant will be contacted to schedule a pre-operational inspection. A license to operate a tanning establishment will be issued after passing the pre-operational inspection.

With my signature, I agree operate the above named tanning establishment in accordance with Title 8 Health & Sanitation of Bismarck's Code of Ordinances and understand that failing to do so can result in loss of license to operate the above named establishment.

License Holder's Name (Print) _____

License Holder's Signature: _____ Date: _____